
Why Read This Handbook?

This Handbook has important information about the Healthy Families Program. You will need this Handbook to fill out the application. This Handbook does not have the Healthy Families application. The application is in a separate booklet. Call toll-free 1-800-880-5305, 8 a.m. to 8 p.m., Monday-Friday, to get an application.

If your child is enrolled, you will need this information later. Be sure to keep this Handbook and the application booklet.

Please read the following sections carefully:

- Eligibility (page 2)
- Enrollment (page 3)
- Insurance Premiums (page 4)
- Summary of Benefits (page 5)
- Selecting Insurance Plan Combinations (page 8)

If you want to complete the application after you read this Handbook, you may either:

- ◆ Complete the application yourself in the privacy of your home; *or*
- ◆ Call toll-free 1-800-880-5305, 8 a.m. to 8 p.m., Monday-Friday, for assistance. By calling this *number*, you can:
 - Get copies of the application; *and*
 - Get answers to your questions; *and*
 - Get information on doctors, clinics, and dentists in your area that are part of the Healthy Families Program; *and*
 - Get names and addresses of individuals or organizations in your area that are trained to help you fill out the application for free.

◆ Privacy

The personal information requested on the Program application is for subscriber identification and Program administration purposes *only*. Information (including immigration status) about persons who *do not* become subscribers (including parents and other caretakers) will be used for purposes of eligibility determination and Program administration *only*.

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NOTE: If you are an 18-year-old applying for insurance for yourself, each time this Handbook says "you" or "your child," it means you.



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What is the Healthy Families Program?

The Healthy Families Program provides health, dental, and vision insurance to eligible children who do not have insurance today and are not eligible for no-cost Medi-Cal. It helps parents get affordable and comprehensive health, dental, and vision insurance coverage for their children.

◆ **How will the Program provide health care for my child?**

Your child will be a member of a health, dental, and vision insurance plan combination. Many insurance plans are available throughout the state. Insurance plans provide health, dental, or vision insurance. This insurance pays most of your child's visits to doctors, dentists, and specialists. The insurance plan also contracts with clinics, laboratories, pharmacies, and hospitals for your child's health care.

◆ **Who can apply?**

If you are a parent or legal guardian, you may apply for insurance for your eligible child. If you are a stepparent, foster parent, or caretaker relative who lives with a child, you may apply for insurance for your eligible child.

If you are an 18-year-old, you may be eligible to apply for your own insurance.

◆ **Who can help me fill out the application?**

You may need help to complete the application. If so, ***call toll-free 1-800-880-5305***, 8 a.m. to 8 p.m., Monday - Friday. You can get a list of certified Application Assistors in neighborhood organizations in your area. These certified Assistors can help you fill out the application ***at no cost to you***. Healthy Families pays the Application Assistors.

Eligibility

◆ **Who is eligible?**

- ✓ Children 1-year-old up to their 19th birthday
- ✓ Family income must be at or below 200% of the Federal Income Guidelines
- ✓ Child must not be covered by employer-sponsored health insurance for the previous 3 months
- ✓ Child cannot be eligible for no-cost Medi-Cal
- ✓ Child must be a U.S. citizen or eligible qualified alien
- ✓ Child must live in California
- ✓ Child has no health insurance

◆ **How do I determine my family income?**

If you think your child may qualify, *page 7* of the application booklet has information on how to determine your family's monthly income.

◆ **Does my child qualify?**

To see if your child qualifies, refer to the Healthy Families Program application booklet.

◆ **What if my child currently has insurance?**

Your child may be covered today by an employer-sponsored health insurance plan. If so, your child is not eligible for Healthy Families.



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Eligibility (continued)

◆ **What if my child currently has insurance? (continued)**

If employer-sponsored insurance coverage ends, your child will be eligible for the Healthy Families Program 3 months after the end date of coverage **unless**:

- The person or parent providing health coverage lost a job or changed jobs; **or**
- The family moved into an area where employer-sponsored coverage is not available; **or**
- The employer discontinued health benefits to all employees; **or**
- Health coverage was provided under a federal Consolidated Omnibus Budget Reconciliation Act (COBRA) policy, and the COBRA coverage ended; **or**
- The child reached the maximum coverage of benefits allowed in the current insurance in which the child is enrolled.

If any of these above conditions have occurred, your child may be eligible immediately.

Enrollment

◆ **How do I apply for Healthy Families?**

Fill out the application beginning on *page 11* of the Healthy Families application booklet. Follow the instructions and complete the application. A complete application has all the information requested. It also has **copies** of all required documents attached. *Refer to page 18 of the Healthy Families application booklet. Page 18* also has a list of documents you will need.

If you need help filling out your application, **call toll-free 1-800-880-5305**. You can call between 8 a.m. and 8 p.m., Monday - Friday. The Healthy Families Program can answer your questions. The Program also will give you a list of certified Application Assistors in your area. They can help you with your application **at no cost**.

◆ **How long will it take to process my child's application?**

Once a complete application is received, Healthy Families will process it and determine eligibility in 3 business days. Then, you will be notified in writing. This notice tells you the date on which coverage begins for each enrolled child. The first day of insurance coverage begins 10 days from the date Healthy Families determines your child's eligibility.

To find out the status of your application, **call toll-free 1-800-880-5305**. You can call between 8 a.m. and 8 p.m., Monday - Friday.

If your child is found **not** to be eligible, you will be notified in writing. The notice will state the reason your child did not qualify for the Healthy Families Program. If you gave us permission on *page 11* of your application to send your application to Medi-Cal, we will forward all materials (except your money order) to Medi-Cal. If not, the application, documents, and money order for the insurance premium will be returned to you.

If you believe we made a mistake in deciding whether your child is eligible, you can file an appeal. See the *Appeals section* on *page 14* of this Handbook. **Or, call toll-free 1-800-880-5305**.

◆ **If my child's Medi-Cal coverage is ending, how soon can I apply for Healthy Families?**

You can apply for a child who may become eligible for Healthy Families. You can apply up to 3 months in advance if one of the following is going to occur:

- A child turns **1 year old** (coverage begins on the child's 1st birthday); **or**
- A child turns **6 years old** and loses benefits under the Medi-Cal 133% Program (coverage begins on the child's 6th birthday); **or**
- A child's no-cost, full-scope Medi-Cal benefits end.

Insurance Premiums

◆ How much does it cost to cover my child?

You pay a monthly premium of \$4 to \$9 for each child up to a maximum of \$27 for all children in a family enrolled in the Healthy Families Program. The monthly premium is determined by family size, family income, and the health, dental, and vision insurance plan combination you select.

The *Insurance Plan Combinations by County and Insurance Premium* section on page 17 of this Handbook shows the premium rates for each health, dental, and vision insurance plan combination in your area. Once you select an insurance plan combination for your child, you can determine the monthly premium.

◆ How do I pay my monthly insurance premiums?

Mail the first month's premium with your application. ***The first premium that is mailed with your application must be paid with a cashier's check or money order.*** Make your payment to the **Healthy Families Program**.

Once your child is enrolled in Healthy Families, you will receive a bill in the mail each month. Your payment will be due on the 20th day of the month.

Use one of the following methods to pay:

- Cashier's check
- Money order
- Personal check
- Credit card
- Electronic Fund Transfer; *or*

You also may pay in cash at pay stations. **Call toll-free 1-800-880-5305**, 8 a.m. to 8 p.m., Monday - Friday, for a pay station address in your area.

◆ Can I save money on my premiums?

Yes. You can pay 3 months of premiums at once in advance and get the 4th month of coverage free.

You also can save money by selecting the "Community Provider Plan" in your area. This insurance plan has done the best job of including traditional community providers in its network. To reward the insurance plan for its commitment to your community, we offer the insurance plan to you at a discount. These are shown in the *Insurance Plan Combinations by County and Insurance Premium* section on page 17 of this Handbook.

◆ What if I do not pay my monthly insurance premiums?

If your payment is 60 days late, your child's coverage will end. Your child's insurance coverage will end as of the last month for which the premium was paid in full. You will be responsible for the cost of any health care received by your covered child in the last month after coverage ended. Your child will not be able to participate in Healthy Families for 6 months. See *Disenrollments* in the *Other Program Information* section on page 12 of this Handbook.

◆ Can I make partial premium payments?

No. Partial premium payments will not be accepted. Payments must be made in full. For example, you cannot pay the premium for only one child if two or more children are enrolled in the Program.

Summary of Benefits

The Healthy Families Program offers comprehensive health, dental, and vision coverage through insurance plan combinations. The coverage in all insurance plans is designed alike. The coverage may be administered differently. See chart on *page 6* of this Handbook.

Enrolled children are eligible for all covered services that are medically necessary. Healthy Families will not deny coverage based on a child's health condition. You will be notified of the date your child can begin receiving services. See chart on *page 6* of this Handbook.

◆ Is there a cost for my child to get these services?

Yes. In addition to the monthly premiums, for some services you must pay a co-payment to the care provider at the time of service. Some services (such as preventive care services) are free. No individual charge will exceed \$5.

There is a **maximum** \$250 co-payment limit for a family each benefit year for health insurance. **Keep all your receipts for health insurance co-payments.** Keep a total of all the co-payments you make so you can let your health insurance plan know when you reach the maximum \$250 for the benefit year of coverage. Then, you will not have to make any more co-payments until the next benefit year of coverage.

◆ California Children Services

The California Children Services (CCS) program provides health care and case management for children with certain medically handicapping conditions. If your child's provider suspects that your child has an eligible condition, a referral will be made to the local CCS Program.

CCS will determine if your child has an eligible condition. CCS provides all treatment and services for that condition. Your child will remain enrolled in the Healthy Families Program for all other care.

If your child gets services from CCS already, contact your health provider when you enroll in the Healthy Families Program.

Your insurance plan and provider will arrange for coordination of care with CCS. If you have any questions about CCS services, talk to your child's health provider.

◆ Mental Health

The local Mental Health department provides health care and case management for children diagnosed with Serious Emotional Disturbance (SED). If your child's provider suspects that a SED condition exists, a referral will be made to your County Mental Health Department for a diagnosis.

Your child will remain enrolled in the Healthy Families Program for all other care. If your child already gets services from the local Mental Health Department, contact your health provider after you have enrolled in the Healthy Families Program.

Your insurance plan and provider will arrange for coordination of care with the local Mental Health Department. If you have questions about Mental Health Services, talk to your child's health provider.

Summary of Benefits (continued)

♦ Health Benefits

Benefits*	Services	Costs to Member (Co-payment)
Physician Services	<ul style="list-style-type: none"> Office, home visits Allergy testing and treatment 	<ul style="list-style-type: none"> \$5 per visit \$5 per visit
Preventive Care	<ul style="list-style-type: none"> Periodic health examinations (including well-baby care) Variety of voluntary family planning services Prenatal care Vision and hearing testing Immunizations Venereal disease tests Confidential HIV/AIDS counseling and testing Annual Pap smear exams Health education services 	<ul style="list-style-type: none"> No charge (including office visits)
Prescription Drugs	<ul style="list-style-type: none"> 30-34 day supply of brand name or generic drugs, including prescriptions for one cycle of tobacco cessation drugs 90-100 day supply of maintenance drugs. While in the hospital FDA approved contraceptive drugs and devices 	<ul style="list-style-type: none"> \$5 per prescription \$5 per prescription No charge No charge
Hospital	<ul style="list-style-type: none"> Inpatient care 	<ul style="list-style-type: none"> No charge
Emergency Health Care Services	<ul style="list-style-type: none"> 24 hour emergency care to diagnose and treat sudden, serious and unexpected illness, injury or condition <p><i>NOTE: Out-of-Network emergencies are covered if insurance plans determine them to be medically necessary. Non-authorized emergency room visits are not a covered benefit.</i></p>	<ul style="list-style-type: none"> \$5 per visit
Prenatal Care	<ul style="list-style-type: none"> Prenatal and postnatal care, inpatient and newborn nursery care 	<ul style="list-style-type: none"> No charge
Medical Transportation	<ul style="list-style-type: none"> Emergency medical transportation 	<ul style="list-style-type: none"> No charge
Diagnostic X-ray and Laboratory Services	<ul style="list-style-type: none"> Inpatient and outpatient 	<ul style="list-style-type: none"> No charge
Durable Medical Equipment	<ul style="list-style-type: none"> Medical equipment appropriate for use in the home; oxygen and oxygen equipment; insulin pumps and all related necessary supplies 	<ul style="list-style-type: none"> No charge
Mental Health	<ul style="list-style-type: none"> <i>Inpatient:</i> 30 days each benefit year <i>Outpatient:</i> 20 visits each benefit year. (Some plans may choose to increase the number of visits allowed in a benefit year if medically necessary.) Some insurance plans may substitute each day of inpatient hospitalization for: 2 days residential treatment; 3 days of day care treatment; or, 4 outpatient visits. 	<ul style="list-style-type: none"> No charge \$5 per visit
Alcohol and Drug Abuse	<ul style="list-style-type: none"> <i>Inpatient:</i> As medically appropriate to remove toxic substances from the system <i>Outpatient:</i> 20 visits per benefit year (Some plans may choose to increase the number of visits in a benefit year if medically necessary.) 	<ul style="list-style-type: none"> No charge for inpatient services \$5 per visit for outpatient services

*Benefits are provided if the insurance plan determines them to be medically necessary.

Summary of Benefits (continued)

◆ Health Benefits (continued)

Benefits*	Services	Costs to Member (Co-payment)
Physical, Occupational, Speech Therapy	<ul style="list-style-type: none">Short-term therapy for a period not exceeding 60 consecutive calendar days per condition following the date of the first therapy session. Additional therapy beyond the 60 days is provided if medically necessary.	<ul style="list-style-type: none">No charge for inpatient therapy\$5 per visit on an outpatient basis
Home Health Care	<ul style="list-style-type: none">Must be prescribed or directed by the attending physician or other appropriate authority designated by the plan.	<ul style="list-style-type: none">No charge
Skilled Nursing Care	<ul style="list-style-type: none"><i>Inpatient</i>: Skilled nursing care; 100 days each benefit year	<ul style="list-style-type: none">No charge

◆ Optional Health Benefits

Not all health insurance plans provide these benefits. See *pages 83 - 90* of this Handbook for information on which insurance plans cover these services.

Optional Benefits*	Services	Costs (Co-payment)
Acupuncture	<ul style="list-style-type: none">20 visits per benefit year	<ul style="list-style-type: none">\$5 per visit
Chiropractic	<ul style="list-style-type: none">20 visits per benefit year	<ul style="list-style-type: none">\$5 per visit
Biofeedback	<ul style="list-style-type: none">8 visits per benefit year	<ul style="list-style-type: none">\$5 per visit
Elective Abortion	<ul style="list-style-type: none">Insurance plans vary (see <i>pages 83 - 90</i>)	<ul style="list-style-type: none">No charge

◆ Vision Benefits

Vision Benefits*	Services	Costs (Co-payment)
Eye Examinations	<ul style="list-style-type: none">Once every 12 months	<ul style="list-style-type: none">\$5 per examination
Prescription Glasses	<ul style="list-style-type: none">Once every 12 months	<ul style="list-style-type: none">\$5 per glasses, frames, or lenses

◆ Dental Benefits

Benefits*	Services	Costs (Co-payment)
Preventive Care Teeth Cleanings, Topical Fluoride	<ul style="list-style-type: none">Every 6 monthsAs needed	<ul style="list-style-type: none">No charge
Fillings	<ul style="list-style-type: none">As needed	<ul style="list-style-type: none">No charge
Sealants	<ul style="list-style-type: none">As needed for permanent 1st and 2nd molars only	<ul style="list-style-type: none">No charge
Diagnostic Services	<ul style="list-style-type: none">X-rays	<ul style="list-style-type: none">No charge

*Benefits are provided if the insurance plan determines them to be medically necessary.

NOTE: The Benefits Charts on the above pages are only a summary of benefits provided by each health plan in the Healthy Families Program. These summaries are for information only. This is not a contract. For exact terms and conditions of the health care benefits, provisions, exclusions, and limitations for each plan, refer to the Evidence of Coverage booklet or Certificate of Insurance available from each health plan. Call the phone number listed on each health plan's description page.

Selecting a Health, Dental, and Vision Insurance Plan Combination

With Healthy Families, you have a choice of health, dental, and vision insurance plan combinations. See the *Insurance Plan Combinations by County and Insurance Premium* section in this Handbook. You can choose from any insurance plan combinations available in the county where your children live. All children in one household must be enrolled in the same insurance plan combination.

In general, the benefits are the same in all the Healthy Families plans. But, insurance plans administer their benefits differently. *Pages 83 - 90* of this Handbook answer questions about each insurance plan. This helps you to compare insurance plans and pick the available insurance plan combination that best meets your children's needs. For more detailed information about plan benefits, refer to the Evidence of Coverage Booklet.

◆ How do I choose the best insurance plan combination for my child?

This is a decision you must make. Here are some *helpful questions to think about*:

- Which insurance plan combinations are available in my county? (See the *Insurance Plan Combinations by County and Insurance Premium* beginning on *page 17* of this Handbook.)
- In which insurance plan combinations do my current doctor and dentist participate? You may want to call the doctors or dentists directly. Or call Healthy Families ***toll-free at 1-800-880-5305***, 8 a.m. to 8 p.m., Monday - Friday, for information on doctors or dentists in your area.
- What do I know about the customer service of the insurance plans I am considering? You may want to call the insurance plans and talk to them directly. (See the *Individual Plan Descriptions* section beginning on *page 91* of this Handbook for information on each insurance plan.)

- Do my friends or family members know anything about the insurance plans I am thinking of picking?

Follow these "**Steps**" to make your choice of a health, dental, and vision insurance plan combination:

- Step 1:** Review the insurance plan combinations available in your county. (See the *Insurance Plan Combinations by County and Insurance Premium Section* on *page 17* of this Handbook.)
- Step 2:** Review the individual summaries of the insurance plans available in your county. (See the *Individual Plan Descriptions* starting on *page 91* in this Handbook.) And review the *Answers to Commonly Asked Questions* section. (See *pages 83 - 90* of this Handbook.)
- Step 3:** ***Call toll-free 1-800-880-5305.*** Request a free personalized provider list of doctors or dentists by specialty, location, ZIP code, language, and gender. Healthy Families will give you a list.
- Step 4:** If you need more information on the insurance plans, please contact them directly. Each insurance plan in this Handbook has a ***toll-free*** number you can call to get more information. The *Insurance Plan Descriptions* begin on *page 91*.

Reminder!

You select your child's plan combination from the list provided. No one can choose for you.

Selecting a Health, Dental, and Vision Insurance Plan Combination (continued)

◆ **How do I choose a Primary Care Physician or a Primary Care Dentist?**

As a Healthy Families participant, you can choose a Primary Care Physician (PCP) and a Primary Care Dentist (PCD) for your child. In many cases, you may continue to see your current doctor/dentist.

Call **toll-free at 1-800-880-5305** to request a free personalized list of PCPs or PCDs in your area. Or, check the list to find out if you can keep your current PCP/PCD or to help you find a doctor/dentist who:

- ✓ Offers prompt appointments; *and*
- ✓ Speaks your language; *and*
- ✓ Is near to your home and/or easy to get to; *and*
- ✓ Has service hours to accommodate your schedule.

When you select an insurance plan combination, your children become members of the insurance plans in that combination. Your child's doctor and dentist must be a part of the insurance plan combination you choose.

◆ **What if I do not choose a Primary Care Physician or Primary Care Dentist on my application?**

Most health and dental insurance plans require your child to have a Primary Care Physician (PCP) or Primary Care Dentist (PCD). When an insurance plan requires a PCP/PCD to be chosen and you do not choose one on your application, the insurance plan will assign a PCP/PCD for your child. The insurance plan may call you and assist you in selecting one.

◆ **If I am not happy with my children's Primary Care Physician or Primary Care Dentist, how do I change to a different PCP/PCD?**

Each insurance plan has its own rules for how to change and how often your child is allowed to change PCPs/PCDs. See *pages 83 - 90* of this Handbook for information about changing PCPs/PCDs.

◆ **How will my child receive vision benefits?**

Vision Service Plan (VSP) provides vision insurance to all Healthy Families Program members. When your child needs vision services, eye exams, or eyeglasses, call VSP. VSP will mail you an authorization card. Take the card to one of the providers on the list mailed to you.

◆ **Do some of the insurance plans participating in the Healthy Families Program require binding arbitration of health care disputes?**

Yes. If you select one of these insurance plans, you give up the right to a jury or court trial to resolve disputes you may have with your child's insurance plan. See *pages 83 - 90* of this Handbook to find out which plans use binding arbitration.



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Citizenship and Immigration Information

This section refers to *page 16, Section 4*, of your Healthy Families application booklet.

◆ **What are the citizenship and immigration requirements for the Healthy Families Program?**

Your child must be a U.S. citizen, U.S. non-citizen national, or eligible qualified alien.

Questions about citizenship and immigration apply to the children—not the parents. The child being applied for must show proof of citizenship and immigration status.

The child also must meet all other Healthy Families Program eligibility requirements.

◆ **Where can I get more information about citizenship and immigration requirements for the Healthy Families Program?**

Call toll-free 1-800-880-5305. You can call between 8 a.m. and 8 p.m., Monday - Friday.

◆ **Who is considered a United States citizen or United States non-citizen national?**

A United States citizen is:

- A person (other than the child of a foreign diplomat) born in one of the 50 States or in the District of Columbia, Puerto Rico, Guam, the U.S. Virgin Islands, or the Northern Mariana Islands who has not renounced his or her citizenship; **or**
- A person born outside the United States to at least one U.S. citizen parent (sometimes referred to as a "derivative citizen"); **or**
- A naturalized U.S. citizen.

A United States non-citizen national is:

- A person born in an outlying possession of the United States (American Samoa or Swain's Island) on or after the date the U.S. acquired possession; **or**

- A person whose parents are U.S. non-citizen nationals (subject to certain residency requirements).

◆ **Who is considered an eligible qualified alien?**

A qualified alien (for Part II of the application) is:

1. An alien lawfully admitted for permanent residence under the Immigration and Nationality Act (INA); **or**
2. An alien granted conditional entry pursuant to Section 203(a)(7) of the INA as in effect prior to April 1, 1980; **or**
3. An alien paroled into the U.S. under Section 212(d)(5) of the INA for at least 1 year; **or**
4. An alien with the appropriate immigration status who (or whose child or parent) has been battered or subjected to extreme cruelty in the U.S. and there is a substantial connection between the battery or extreme cruelty and the need for the benefits and who no longer resides in the household of the batterer.

A qualified alien (for Part IV of the application) is:

5. An alien granted asylum under Section 208 of the INA; **or**
6. A refugee admitted to the U.S. under Section 207 of the INA; **or**
7. An alien whose deportation is being withheld under Section 243(h) of the INA as in effect prior to April 1, 1997, or whose removal is being withheld under Section 241(b)(3) of the INA; **or**
8. An alien who is a Cuban or Haitian entrant as defined in Section 501(e) of the Refugee Education Assistance Act of 1980.

Citizenship and Immigration Information (continued)

◆ **Who is considered an eligible qualified alien? (continued)**

Qualified aliens, who entered the U.S. after August 22, 1996, are not eligible for the Healthy Families Program for 5 years from the date they entered the United States. This restriction does not apply to the following persons:

- An alien granted asylum under Section 208 of the INA;
- A refugee admitted to the U.S. under Section 207 of the INA; or
- An alien whose deportation is being withheld under Section 243(h) of the INA as in effect prior to April 1, 1997, or whose removal is being withheld under Section 241(b)(3) of the INA;
- An alien who is a Cuban or Haitian entrant as defined in Section 501(e) of the Refugee Education Assistance Act of 1980.
- Qualified aliens lawfully residing in any state who are honorably discharged veterans who fulfill minimum active-duty service requirements, or who are on non-training active duty in the U.S. Armed Forces.
- The spouse or unmarried dependent or the unmarried surviving spouse whose marriage satisfies the requirements of 38 U.S.C 1304 of those veterans or persons on active duty described in the previous sentence.
- An Amerasian immigrant admitted to the U.S. pursuant to Section 584 of the Foreign Operations, Export Financing, and Related Programs Appropriations Act of 1988 as described in Section 1612(a)(2)(A)(1)(V) of Title 8 of the United States Code.

◆ **How do I fill in Section 4 of the application?**

- If your child is a U.S. citizen or U.S. non-citizen national, you should check the box in Part I.
- If your child is an eligible qualified alien, and #1, 2, 3, or 4 of the previous page applies, you should check a box in Part II, and write the date of entry into the United States in Part III.
- If your child is an eligible qualified alien, and #5, 6, 7, or 8 of the previous page applies, you should check a box in Part IV.
- If you check a box in Part II or Part IV, you also should read Part V and check a box if it applies.

◆ **What documents must be submitted to prove my child's U. S. citizenship or U.S. non-citizen national status?**

Submit a copy of the child's birth certificate, certificate of naturalization, U. S. passport, or other acceptable document. You can get information on other acceptable documents by calling **toll-free 1-800-880-5305**. You can call between 8 a.m. and 8 p.m., Monday - Friday. If you do not have an acceptable document now, you may submit one within 60 days from the date of enrollment. If you do not submit a document now or within 60 days of enrollment, your child will be disenrolled.

◆ **What documents must be submitted to prove my child's alien status?**

Submit a copy of the proper documents issued by the U. S. Immigration and Naturalization Service (INS). These documents must be submitted with the application to prove alien status and date of entry to the U.S.

If you have questions about acceptable documents, **call toll-free 1-800-880-5305**. You can call between 8 a.m. and 8 p.m., Monday - Friday.

Other Program Information

◆ Pregnancy

You are eligible for pregnancy-related services under the Healthy Families Program. Your baby will be covered automatically by the Healthy Families Program for the first 30 days of its life. Your baby cannot be enrolled in the Healthy Families Program on its own until its first birthday. Please **call toll-free 1-800-880-5305** for information on other programs, such as no-cost Medi-Cal, available for the baby.

In addition, pregnant members of the Healthy Families Program may be eligible for no-cost Medi-Cal coverage for their pregnancy-related services. And your baby will be insured for its first year of life. For information, call your local welfare office or your local health care provider.

◆ Reporting a change of address

You may change your billing address. Or, your child's home address may change. If so, you must notify the Healthy Families Program within 30 days after the change. It is your responsibility to be sure Healthy Families has your correct address and your child's correct address.

To report a change, **call toll-free 1-800-880-5305**. You can call between 8 a.m. and 8 p.m., Monday - Friday. Or write to:



Healthy Families Program
Attn: Address Change Department
P. O. Box 138005
Sacramento, California 95813-8005

◆ Changes of income and family size

If my income or family size changes, do I submit the new information?

Once eligibility is established, your child will be covered for a 12-month period (one year) unless the child turns 19. You will have to submit new information for the annual eligibility review. Changes in your income or family size may effect your child's eligibility in the future.

◆ Disenrollments

If any of the following occurs, eligibility in Healthy Families will end. Your child will be disenrolled and lose insurance coverage:

- Healthy Families Program finds the child ineligible during the annual eligibility review; **or**
- You do not provide the information needed for your child's annual eligibility review; **or**
- Your child reaches 19 years of age; **or**
- You do not pay your child's monthly premium for 60 days after the due date; **or**
- You write to Healthy Families asking to end enrollment; **or**
- Healthy Families finds that you made false declarations about your child's eligibility.

If any of the above occurs, you will receive a written disenrollment notice. You will receive this notice before your child is disenrolled from the Program. Your child's health, dental, and vision coverage will end when the child is disenrolled.

The notice gives the reason and effective date of disenrollment. If you disagree with the decision, see the appeals section in this Handbook. The appeals process will be explained

A disenrolled child cannot join the Healthy Families Program again for 6 months from the date of disenrollment if:

- The child was disenrolled because you did not pay the monthly premium (except in certain cases); **or**
- You requested disenrollment; **or**
- You did not provide information needed for the annual eligibility review.

Other Program Information (continued)

◆ **Disenrollments** (continued)

The 6-month exclusion period does not apply if the reason for disenrollment is one of the following:

- You, or the person responsible for the premium payments, lost a job; **or**
- Suffered a catastrophic illness that resulted in you or the responsible party being unable to work for more than 2 weeks; **or**
- The child became eligible for no-cost, full-scope Medi-Cal.

◆ **Health Insurance Portability and Accountability Act (HIPAA) Notices**

Under HIPAA, creditable coverage gives you credit for previous health coverage. This credit is important when you have a pre-existing health condition, and you are moving from Healthy Families to a new health insurance plan. In these cases, the credit may cancel any pre-existing condition exclusions or waiting periods of the new health insurance plan.

Within 10 days of disenrollment, the Healthy Families Program will send you a HIPAA notice. This notice lists your child's eligible months of creditable coverage while enrolled in the Program.

The guaranteed renewability provision of HIPAA entitles a Healthy Families member who is terminated from the Program to an opportunity to purchase from their current insurer, a health insurance plan that provides the same scope of benefits that a member received through the Healthy Families Program. A member is eligible for guaranteed renewability if disenrolled from the Program because:

- He or she is 19 years old; **or**
- The family exceeds the maximum income allowed for the Program.

You may have questions. If so, **call toll-free 1-800-880-5305**. You can call between 8 a.m. and 8 p.m., Monday - Friday.

◆ **Transfers**

You can request that your child be transferred from one health, dental, and vision insurance plan combination to another. You can transfer your children if any of the following occurs:

- You ask in writing (one time for any reason) within the first 30 days of the original effective date of coverage in the Program; **or**
- You ask in writing (one time for any reason) within the first 30 days of the effective date of coverage in a new insurance plan following open enrollment; **or**
- Your child moved out of the area served by the chosen insurance plan; **or**
- You or the participating insurance plan asks in writing because the child and insurance plan cannot establish a good relationship. **And** the Executive Director of the Board determines that the transfer is in the best interest of the child and the Program; **or**
- The Board does not renew the contract with the participating insurance plan where the child is enrolled. Or, the contract is canceled; **and**
- At least one other participating insurance plan serves the area in which the child lives.

NOTE: All transfer requests must be for one of the reasons in this list. If your reason for requesting a transfer is not one of the above, you must wait for the annual open enrollment.

Mail your transfer request to:



Healthy Families Program
Attention: Transfer Department
P.O. Box 138005
Sacramento, California 95813-8005

◆ **Annual Eligibility Review**

Each year you will be asked to confirm your child's eligibility for the Healthy Families Program. We will notify you by mail of the annual eligibility review process.

Other Program Information

(continued)

◆ **Annual Eligibility Review (continued)**

You will receive this notice about 60 calendar days before the child's anniversary date in Healthy Families. If your child continues to be eligible for the Program, coverage will continue for another 12 months.

◆ **How do I enroll additional children into the Healthy Families Program?**

Submit a complete application with all required documentation. Or, **call toll-free 1-800-880-5305**. You can call between 8 a.m. and 8 p.m., Monday - Friday. You can get an application or information on your child's eligibility.

◆ **How many annual eligibility reviews will I have when I enroll additional children in Healthy Families?**

Your anniversary eligibility review date for all your children will be 12 months from the date the last child was enrolled.

In other words, each time you enroll another child in the Program, you requalify all your children for another 12 months.

◆ **Annual open enrollment**

Each year you can choose a new health, dental, and vision insurance plan combination for your child. This process is called "open enrollment." It is held from April 15 to May 31 of each year.

Healthy Families will mail you information in early April. This will describe the open enrollment process.

If you choose a new insurance plan combination during open enrollment, all enrolled children in the household will be transferred to the new insurance plan combination. The transfer will take place on July 1st.

◆ **Appeals and Review Process**

◆ **If I disagree with a Program decision, what can I do?**

You may file an appeal of certain decisions. If a decision cannot be appealed, you still can ask for it to be reviewed.

◆ **What can I appeal?**

You can file an appeal if you believe an eligibility or disenrollment decision was made in violation of the rules.

◆ **How do I appeal?**

File your appeal with the Healthy Families Program.

You must file within 60 calendar days from the date of the written notice of the decision you are appealing. If you want to appeal, you must do all of the following:

- ✓ Send us a copy of the written notice or a written statement of the decision you disagree with; **and**
- ✓ Give us a detailed statement of what you think we did wrong; explain why you think our decision(s) was wrong; **and**
- ✓ Tell us which Healthy Families Program rules you think we violated. The rule may be a law or regulation or something written in Program materials like the Healthy Families Application or Healthy Families Handbook. You must tell us which rule you think we violated and where it is found. You can request copies of written rules and other documents from the Healthy Families Program by calling **toll-free 1-800-880-5305**. Or, write to: P.O. Box 138005, Sacramento, CA 95813-8005;) **and**
- ✓ Tell us how you want this appeal to be resolved; **and**
- ✓ Give us any other information you want us to consider.

Your appeal must be in writing and all required information must be included at one time. Mail your appeal with all the required information to:



Healthy Families Program
Attention: Appeals
Post Office Box 138005
Sacramento, California 95813-8005

Other Program Information (continued)

Appeals and Review Process (continued)

♦ **If I cannot appeal, how do I get a Healthy Families' decision reviewed?**

Send a letter explaining what you disagree with. You may include a copy of the decision and anything you want the Healthy Families Program to consider.

♦ **Can I appeal a health, dental, or vision insurance plan decision?**

You may be unhappy with something your health, dental, or vision insurance plan did (or did not do). If so, you must resolve your problems with the insurance plan according to its established policies and procedures. Your child will not be dropped from the plan or suffer a penalty if you do this.

The procedures are listed in the Evidence of Coverage (EOC) or Certificate of Insurance (COI) Booklet. You will receive these booklets from your child's health, dental, and vision insurance plan.

You may review these documents prior to selecting an insurance plan. Call the insurance plan directly and ask for a copy. If you are unable to resolve your dispute with the insurance plan and your insurance plan is licensed by the state, contact the state government agency that licenses the insurance plan. The number is in the EOC or COI Booklet.

NOTE: Enrollment in many health insurance plans requires that you agree to have some or all claims or disagreements decided by arbitration and waive the right to a jury or court trial. This may include malpractice issues.

♦ **The Americans with Disabilities Act of 1990**

Section 506 of the Rehabilitation Act of 1973 states that no qualified disabled person shall, on the basis of disability, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity which receives or benefits from federal financial assistance.

California Government Code Section 11135 prohibits discrimination in a program or activity funded directly by the state or that receives financial assistance from the state on the basis of ethnic group identification, religion, age, sex, color, or disability.

California Government Code Section 11136 requires state agencies, as described above, to notify a contractor of whom they have reasonable cause to believe has violated the provisions of Section 11135 or any regulation adopted to implement such section.

After considering all evidence, the Executive Director of the Managed Risk Medical Insurance Board may request a hearing to determine whether a violation has occurred.

The Americans with Disabilities Act of 1990 (ADA) prohibits the Managed Risk Medical Insurance Board and its contractors from discriminating on the basis of disability. The Act protects its applicants and enrollees with disabilities in program services. It also requires the Board to make reasonable accommodations to applicants and enrollees that do not pose undue hardship on the Board.

The Managed Risk Medical Insurance Board has designated an ADA Coordinator. This person will carry out its responsibilities under the Act. You may have questions or concerns about ADA compliance by the Board or its contractors. If so, contact the Coordinator at:



**ADA Coordinator
Managed Risk Medical
Insurance Board
1000 G Street, Suite 450
Sacramento, CA 95814
(916) 324-4695**

Income Chart to Determine Monthly Premium

To determine your monthly premium, you will need 2 pieces of information from *page 9* of the Healthy Families application booklet. These are:

- ◆ Number of family members listed in

Box A = ____

- ◆ Monthly Income amount from

Box D = _____

Use the chart below to determine if your income is in **Category A or B**.

- ◆ Write your income category here: ____.

Family Size (number of persons)	Category A	Category B
	Monthly Income	Monthly Income
1	\$671.01 – \$1006	\$1006.01 – \$1342
2	\$905.01 – \$1356	\$1356.01 – \$1809
3	\$1138.01 – \$1706	\$1706.01 – \$2275
4	\$1371.01 – \$2056	\$2056.01 – \$2742
5	\$1605.01 – \$2406	\$2406.01 – \$3209
6	\$1838.01 – \$2756	\$2756.01 – \$3675
7	\$2071.01 – \$3106	\$3106.01 – \$4142
8	\$2305.01 – \$3456	\$3456.01 – \$4609
9	\$2538.01 – \$3806	\$3806.01 – \$5075
10	\$2771.01 – \$4156	\$4156.01 – \$5542
	For more than 10 persons, add amount below for each additional child.	
	\$234 – \$350	\$353 – \$467

◆ Insurance Plan Combinations by County and Premium

Once you know if your family income is Category A or B, turn to the *Insurance Plan Combination by County and Premium section*, starting on *page 17*. Find the county where your child lives, and choose the insurance plan combination and premium payment for your income category, either A or B. Some plan combinations are available only in some ZIP codes. Make sure that the plan combination you select is available in your ZIP code.

1. Choose the insurance plan combination you want for your child.
2. List how many children you will enroll in the Healthy Families Program. (Remember: you must enroll all of your children who are eligible.)
3. Look in Category A or B to find your premium payment.
4. Write the plan combination code **and** the name of the health, dental and vision insurance plan of the combination you choose for your child on *page 14* of the application. **All children in each household must be enrolled in the same insurance combination plan.**

If you do not select a health, dental, and vision insurance plan combination in your child's county, your application will be returned.

Insurance Companies By County and Insurance Premium

Counties

<i>Alameda</i>	19	<i>San Bernardino</i>	53
<i>Alpine</i>	19	<i>San Diego</i>	58
<i>Amador</i>	20	<i>San Francisco</i>	60
<i>Butte</i>	21	<i>San Joaquin</i>	61
<i>Calaveras</i>	22	<i>San Luis Obispo</i>	62
<i>Colusa</i>	23	<i>San Mateo</i>	62
<i>Contra Costa</i>	24	<i>Santa Barbara</i>	63
<i>Del Norte</i>	25	<i>Santa Clara</i>	65
<i>El Dorado</i>	26	<i>Santa Cruz</i>	66
<i>Fresno</i>	27	<i>Shasta</i>	67
<i>Glenn</i>	28	<i>Sierre</i>	69
<i>Humboldt</i>	29	<i>Siskiyou</i>	70
<i>Imperial</i>	30	<i>Solano</i>	70
<i>Inyo</i>	30	<i>Sonoma</i>	71
<i>Kern</i>	31	<i>Stanislaus</i>	73
<i>Kings</i>	33	<i>Sutter</i>	74
<i>Lake</i>	34	<i>Tehama</i>	74
<i>Lassen</i>	34	<i>Toulomne</i>	75
<i>Los Angeles</i>	35	<i>Trinity</i>	76
<i>Madera</i>	36	<i>Tulare</i>	76
<i>Marin</i>	38	<i>Ventura</i>	78
<i>Mariposa</i>	38	<i>Yolo</i>	80
<i>Mendocino</i>	39	<i>Yuba</i>	82
<i>Merced</i>	39		
<i>Modoc</i>			
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<i>Mono</i>	40		
<i>Monterey</i>	41		
<i>Napa</i>	42		
<i>Nevada</i>	43		
<i>Orange</i>	44		
<i>Placer</i>	45		
<i>Plumas</i>	47		
<i>Riverside</i>	48		
<i>Sacramento</i>	51		
<i>San Benito</i>	52		



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				INSURANCE PREMIUM*				
PLAN COMBINATION CODE	Health Plan	DENTAL PLAN	VISION PLAN	CATEGORY A		CATEGORY B		
				1 CHILD	2 OR MORE	1 CHILD	2 CHILDREN	3 OR MORE
Community Provider Plan Combinations								
C001	Alameda Alliance for Health	Access Dental Plan	VSP	\$4	\$8	\$6	\$12	\$18
C002	Alameda Alliance for Health	Delta Dental	VSP	\$4	\$8	\$6	\$12	\$18
C003	Alameda Alliance for Health	Denticare	VSP	\$4	\$8	\$6	\$12	\$18
Other Combinations Available								
D001	Blue Cross-HMO	Access Dental Plan	VSP	\$7	\$14	\$9	\$18	\$27
D002	Blue Cross-HMO	Delta Dental	VSP	\$7	\$14	\$9	\$18	\$27
D003	Blue Cross-HMO	Denticare	VSP	\$7	\$14	\$9	\$18	\$27
D004	Kaiser Permanente	Denticare	VSP	\$7	\$14	\$9	\$18	\$27

				INSURANCE PREMIUM*				
PLAN COMBINATION CODE	Health Plan	DENTAL PLAN	VISION PLAN	CATEGORY A		CATEGORY B		
				1 CHILD	2 OR MORE	1 CHILD	2 CHILDREN	3 OR MORE
Community Provider Plan Combinations								
C004	Blue Cross-EPO	Delta Dental	VSP	\$4	\$8	\$6	\$12	\$18
C005	Blue Cross-EPO	Premier Access	VSP	\$4	\$8	\$6	\$12	\$18

*See page 16 of this handbook to determine if you pay a Category A- or B-level premium.

NOTE: Blue Shield HMO, Kern Family Health Care, and CalOPTIMA Kids offer two benefit plans. One includes elective abortion services. The other excludes elective abortions. To select the plan that does not include elective abortions, add an "N" to the end of the plan combination code.

PLAN COMBINATION CODE	Health Plan	DENTAL PLAN	VISION PLAN	INSURANCE PREMIUM*				
				CATEGORY A		CATEGORY B		
				1 CHILD	2 OR MORE	1 CHILD	2 CHILDREN	3 OR MORE
Community Provider Plan Combinations								
C006	Blue Cross-EPO	Delta Dental	VSP	\$4	\$8	\$6	\$12	\$18
C007	Blue Cross-EPO	Premier Access	VSP	\$4	\$8	\$6	\$12	\$18
Other Combinations Available								
D005**	Blue Shield-HMO 95601, 95629, 95640, 95655, 95669, 95689, 95642, 95644, 95654	Delta Dental	VSP	\$7	\$14	\$9	\$18	\$27
D006**	Blue Shield-HMO 95601, 95629, 95640, 95665, 95669, 95689, 95642,95644, 95654	Premier Access	VSP	\$7	\$14	\$9	\$18	\$27
D007**	Kaiser Permanente 95640, 95669	Delta Dental	VSP	\$7	\$14	\$9	\$18	\$27
D008**	Kaiser Permanente 95640, 95669	Premier Access	VSP	\$7	\$14	\$9	\$18	\$27
**Available in listed ZIP codes only.								

AMADOR

AMADOR

**Available in listed ZIP codes only.



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*See page 16 of this handbook to determine if you pay a Category A- or B-level premium.

NOTE: Blue Shield HMO, Kern Family Health Care, and CalOPTIMA Kids offer two benefit plans. One includes elective abortion services. The other excludes elective abortions. To select the plan that does not include elective abortions, add an "N" to the end of the plan combination code.

PLAN COMBINATION CODE	HEALTH PLAN	DENTAL PLAN	VISION PLAN	INSURANCE PREMIUM*					BUTTE
				CATEGORY A		CATEGORY B			
				1 CHILD	2 OR MORE	1 CHILD	2 CHILDREN	3 OR MORE	
Community Provider Plan Combinations									
C008	Blue Cross-EPO	Access Dental Plan	VSP	\$4	\$8	\$6	\$12	\$18	
C009	Blue Cross-EPO	Delta Dental	VSP	\$4	\$8	\$6	\$12	\$18	
C010**	Blue Cross-EPO 95915, 95926-29, 95938, 95942, 95954, 95958, 95967, 95969, 95973, 95976, 95980	Denticare	VSP	\$4	\$8	\$6	\$12	\$18	
Other Combinations Available									
D013	Health Net	Access Dental Plan	VSP	\$7	\$14	\$9	\$18	\$27	
D014	Health Net	Delta Dental	VSP	\$7	\$14	\$9	\$18	\$27	
D015**	Health Net 95915, 95926-29, 95938, 95942, 95954, 95958 95967, 95969, 95973, 95976, 95980	Denticare	VSP	\$7	\$14	\$9	\$18	\$27	
**Available in listed ZIP codes only.									

BUTTE

*See page 16 of this handbook to determine if you pay a Category A- or B-level premium.

NOTE: Blue Shield HMO, Kern Family Health Care, and CalOPTIMA Kids offer two benefit plans. One includes elective abortion services. The other excludes elective abortions. To select the plan that does not include elective abortions, add an "N" to the end of the plan combination code.

PLAN COMBINATION CODE	Health Plan	DENTAL PLAN	VISION PLAN	INSURANCE PREMIUM*					CALAVERAS
				CATEGORY A		CATEGORY B			
				1 CHILD	2 OR MORE	1 CHILD	2 CHILDREN	3 OR MORE	
Community Provider Plan Combinations									
C011	Blue Cross-EPO	Delta Dental	VSP	\$4	\$8	\$6	\$12	\$18	
C012	Blue Cross-EPO	Premier Access	VSP	\$4	\$8	\$6	\$12	\$18	
Other Combinations Available									
D017	Blue Shield-HMO	Delta Dental	VSP	\$7	\$14	\$9	\$18	\$27	
D018	Blue Shield-HMO	Premier Access	VSP	\$7	\$14	\$9	\$18	\$27	
D021**	Health Net 95221-24, 95228, 95229, 95233, 95247, 95251	Delta Dental	VSP	\$7	\$14	\$9	\$18	\$27	
D022**	Health Net 95221-24, 95228, 95229, 95233, 95247, 95251	Premier Access	VSP	\$7	\$14	\$9	\$18	\$27	

CALAVERAS

**Available in listed ZIP codes only.



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*See page 16 of this handbook to determine if you pay a Category A- or B-level premium.

NOTE: Blue Shield HMO, Kern Family Health Care, and CalOPTIMA Kids offer two benefit plans. One includes elective abortion services. The other excludes elective abortions. To select the plan that does not include elective abortions, add an "N" to the end of the plan combination code.

PLAN COMBINATION CODE	Health Plan	DENTAL PLAN	VISION PLAN	INSURANCE PREMIUM*					COLUSA
				CATEGORY A		CATEGORY B			
				1 CHILD	2 OR MORE	1 CHILD	2 CHILDREN	3 OR MORE	
Community Provider Plan Combinations									
C013	Blue Cross-EPO	Delta Dental	VSP	\$4	\$8	\$6	\$12	\$18	
C014	Blue Cross-EPO	Premier Access	VSP	\$4	\$8	\$6	\$12	\$18	
Other Combinations Available									
D026	Health Net	Delta Dental	VSP	\$7	\$14	\$9	\$18	\$27	
D027	Health Net	Premier Access	VSP	\$7	\$14	\$9	\$18	\$27	

*See page 16 of this handbook to determine if you pay a Category A- or B-level premium.

NOTE: Blue Shield HMO, Kern Family Health Care, and CalOPTIMA Kids offer two benefit plans. One includes elective abortion services. The other excludes elective abortions. To select the plan that does not include elective abortions, add an "N" to the end of the plan combination code.

PLAN COMBINATION CODE	Health Plan	DENTAL PLAN	VISION PLAN	INSURANCE PREMIUM*					CONTRA COSTA
				CATEGORY A		CATEGORY B			
				1 CHILD	2 OR MORE	1 CHILD	2 CHILDREN	3 OR MORE	
Community Provider Plan Combinations									
C015	Contra Costa Health Plan	Denticare	VSP	\$4	\$8	\$6	\$12	\$18	
C016	Contra Costa Health Plan	Access Dental Plan	VSP	\$5	\$10	\$7	\$14	\$21	
C017	Contra Costa Health Plan	Delta Dental	VSP	\$6	\$12	\$8	\$16	\$24	
Other Combinations Available									
D029	Blue Cross-HMO	Access Dental Plan	VSP	\$7	\$14	\$9	\$18	\$27	
D030	Blue Cross-HMO	Delta Dental	VSP	\$7	\$14	\$9	\$18	\$27	
D031	Blue Cross-HMO	Denticare	VSP	\$7	\$14	\$9	\$18	\$27	
D032	Blue Shield-HMO	Denticare	VSP	\$7	\$14	\$9	\$18	\$27	
D033	Health Net	Denticare	VSP	\$7	\$14	\$9	\$18	\$27	
D034	Kaiser Permanente	Access Dental Plan	VSP	\$7	\$14	\$9	\$18	\$27	
D035	Kaiser Permanente	Denticare	VSP	\$7	\$14	\$9	\$18	\$27	

*See page 16 of this handbook to determine if you pay a Category A- or B-level premium.

NOTE: Blue Shield HMO, Kern Family Health Care, and CalOPTIMA Kids offer two benefit plans. One includes elective abortion services. The other excludes elective abortions. To select the plan that does not include elective abortions, add an “N” to the end of the plan combination code.

PLAN COMBINATION CODE	Health Plan	DENTAL PLAN	VISION PLAN	INSURANCE PREMIUM*					DEL NORTE
				CATEGORY A		CATEGORY B			
				1 CHILD	2 OR MORE	1 CHILD	2 CHILDREN	3 OR MORE	
Community Provider Plan Combinations									
C018	Blue Cross-EPO	Delta Dental	VSP	\$4	\$8	\$6	\$12	\$18	
C019	Blue Cross-EPO	Premier Access	VSP	\$4	\$8	\$6	\$12	\$18	

*See page 16 of this handbook to determine if you pay a Category A- or B-level premium.

NOTE: Blue Shield HMO, Kern Family Health Care, and CalOPTIMA Kids offer two benefit plans. One includes elective abortion services. The other excludes elective abortions. To select the plan that does not include elective abortions, add an “N” to the end of the plan combination code.

PLAN COMBINATION CODE	Health Plan	DENTAL PLAN	VISION PLAN	INSURANCE PREMIUM*				
				CATEGORY A		CATEGORY B		
				1 CHILD	2 OR MORE	1 CHILD	2 CHILDREN	3 OR MORE
Community Provider Plan Combinations								
C020	Blue Cross-EPO	Delta Dental	VSP	\$4	\$8	\$6	\$12	\$18
C021	Blue Cross-EPO	Denticare	VSP	\$4	\$8	\$6	\$12	\$18
C022	Blue Cross-EPO	Premier Access	VSP	\$4	\$8	\$6	\$12	\$18
Other Combinations Available								
D041**	Health Net 95613, 95614, 95619, 95623, 95633-36, 95643, 95651, 95656, 95664, 95667, 95672, 95682, 95684, 95709, 95726, 95762	Delta Dental	VSP	\$7	\$14	\$9	\$18	\$27
D042**	Health Net 95613, 95614, 95619, 95623, 95633-36, 95643, 95651, 95656, 95664, 95667, 95672, 95682, 95684, 95709, 95726, 95762	Denticare	VSP	\$7	\$14	\$9	\$18	\$27
D043**	Kaiser Permanente 95613, 95614, 95619, 95623, 95633-35, 95643 95651, 95664, 95667, 95672, 95682, 95762	Delta Dental	VSP	\$7	\$14	\$9	\$18	\$27
D044**	Kaiser Permanente 95613, 95614, 95619, 95623, 95633-35, 95643, 95651, 95664, 95667, 95672, 95682, 95762	Denticare	VSP	\$7	\$14	\$9	\$18	\$27
**Available in listed ZIP codes only.								

EL DORADO

EL DORADO

**Available in listed ZIP codes only.

*See page 16 of this handbook to determine if you pay a Category A- or B-level premium.

NOTE: Blue Shield HMO, Kern Family Health Care, and CalOPTIMA Kids offer two benefit plans. One includes elective abortion services. The other excludes elective abortions. To select the plan that does not include elective abortions, add an "N" to the end of the plan combination code.

PLAN COMBINATION CODE	Health Plan	DENTAL PLAN	VISION PLAN	INSURANCE PREMIUM*				
				CATEGORY A		CATEGORY B		
				1 CHILD	2 OR MORE	1 CHILD	2 CHILDREN	3 OR MORE
Community Provider Plan Combinations								
C023**	Blue Cross-HMO 93611-13, 93650, 93657, 93701-12, 93714-18 93720-22, 93724-29, 93740-41, 93744-45, 93747, 93750, 93755, 93759-62, 93764-65, 93771-80, 93782, 93784, 93786, 93790-94, 93844, 93888	Access Dental Plan	VSP	\$4	\$8	\$6	\$12	\$18
C024	Blue Cross-HMO	Delta Dental	VSP	\$4	\$8	\$6	\$12	\$18
Other Combinations Available								
D048**	Blue Shield-HMO 93611-13, 93650, 93657, 93701-12, 93714-18, 93720-22, 93724-29, 93740-41, 93744-45, 93747, 93750, 93755, 93759-62, 93764-65, 93771-80, 93782, 93784, 93786, 93790-94, 93844, 93888	Access Dental Plan	VSP	\$7	\$14	\$9	\$18	\$27
D353	Blue Shield-HMO	Delta Dental	VSP	\$7	\$14	\$9	\$18	\$27
D050**	Kaiser Permanente 93611-13, 93650, 93657, 93701-12, 93714-18, 93720- 22, 93724-29, 93740-41, 93744-45, 93747, 93750, 93755, 93759-62, 93764-65, 93771-80, 93782, 93784, 93786, 93790-94, 93844, 93888	Access Dental Plan	VSP	\$7	\$14	\$9	\$18	\$27
D354	Kaiser Permanente	Delta Dental	VSP	\$7	\$14	\$9	\$18	\$27

FRESNO

FRESNO

**Available in listed ZIP codes only.

*See page 16 of this handbook to determine if you pay a Category A- or B-level premium.

NOTE: Blue Shield HMO, Kern Family Health Care, and CalOPTIMA Kids offer two benefit plans. One includes elective abortion services. The other excludes elective abortions. To select the plan that does not include elective abortions, add an "N" to the end of the plan combination code.

PLAN COMBINATION CODE	Health Plan	DENTAL PLAN	VISION PLAN	INSURANCE PREMIUM*					GLENN
				CATEGORY A		CATEGORY B			
				1 CHILD	2 OR MORE	1 CHILD	2 CHILDREN	3 OR MORE	
Community Provider Plan Combinations									
C026	Blue Cross-EPO	Delta Dental	VSP	\$4	\$8	\$6	\$12	\$18	
C027	Blue Cross-EPO	Premier Access	VSP	\$4	\$8	\$6	\$12	\$18	
Other Combinations Available									
D054	Health Net	Delta Dental	VSP	\$7	\$14	\$9	\$18	\$27	
D055	Health Net	Premier Access	VSP	\$7	\$14	\$9	\$18	\$27	

*See page 16 of this handbook to determine if you pay a Category A- or B-level premium.

NOTE: Blue Shield HMO, Kern Family Health Care, and CalOPTIMA Kids offer two benefit plans. One includes elective abortion services. The other excludes elective abortions. To select the plan that does not include elective abortions, add an "N" to the end of the plan combination code.

PLAN COMBINATION CODE	Health Plan	DENTAL PLAN	VISION PLAN	INSURANCE PREMIUM*				
				CATEGORY A		CATEGORY B		
				1 CHILD	2 OR MORE	1 CHILD	2 CHILDREN	3 OR MORE
Community Provider Plan Combinations								
C028	Blue Cross-EPO	Delta Dental	VSP	\$4	\$8	\$6	\$12	\$18
C029**	Blue Cross-EPO 95501-03, 95518-19, 95521, 95524-25, 95534, 95536-37, 95540, 95547, 95549-51, 95564	Denticare	VSP	\$4	\$8	\$6	\$12	\$18
Other Combinations Available								
D057	Blue Shield-HMO	Delta Dental	VSP	\$7	\$14	\$9	\$18	\$27
D058**	Blue Shield-HMO 95411, 95414, 95440, 95501-03, 95518-19, 95521, 95524- 25, 95534, 95536-37, 95540, 95547, 95549-51, 95564	Denticare	VSP	\$7	\$14	\$9	\$18	\$27
D061	Health Net	Delta Dental	VSP	\$7	\$14	\$9	\$18	\$27
D062**	Health Net 95501-03, 95518-19, 95521, 95524-25, 95534, 95536-37, 95540, 95547, 95549-51, 95564	Denticare	VSP	\$7	\$14	\$9	\$18	\$27
**Available in listed ZIP codes only.								

HUMBOLDT

HUMBOLDT

*See page 16 of this handbook to determine if you pay a Category A- or B-level premium.

NOTE: Blue Shield HMO, Kern Family Health Care, and CalOPTIMA Kids offer two benefit plans. One includes elective abortion services. The other excludes elective abortions. To select the plan that does not include elective abortions, add an "N" to the end of the plan combination code.

PLAN COMBINATION CODE	Health Plan	DENTAL PLAN	VISION PLAN	INSURANCE PREMIUM*					IMPERIAL
				CATEGORY A		CATEGORY B			
				1 CHILD	2 OR MORE	1 CHILD	2 CHILDREN	3 OR MORE	
Community Provider Plan Combinations									
C030	Blue Cross-EPO	Delta Dental	VSP	\$4	\$8	\$6	\$12	\$18	
Other Combinations Available									
D064**	Blue Shield-HMO 92227, 92231-33, 92243-44, 92249-51, 92257, 92259, 92269, 92273, 92281	Delta Dental	VSP	\$7	\$14	\$9	\$18	\$27	

PLAN COMBINATION CODE	Health Plan	DENTAL PLAN	VISION PLAN	INSURANCE PREMIUM*					INYO
				CATEGORY A		CATEGORY B			
				1 CHILD	2 OR MORE	1 CHILD	2 CHILDREN	3 OR MORE	
Community Provider Plan Combinations									
C031	Blue Cross-EPO	Delta Dental	VSP	\$4	\$8	\$6	\$12	\$18	
C032	Blue Cross-EPO	Premier Access	VSP	\$4	\$8	\$6	\$12	\$18	
**Available in listed ZIP codes only.									

*See page 16 of this handbook to determine if you pay a Category A- or B-level premium.

NOTE: Blue Shield HMO, Kern Family Health Care, and CalOPTIMA Kids offer two benefit plans. One includes elective abortion services. The other excludes elective abortions. To select the plan that does not include elective abortions, add an "N" to the end of the plan combination code.

PLAN COMBINATION CODE	Health Plan	DENTAL PLAN	VISION PLAN	INSURANCE PREMIUM*				
				CATEGORY A		CATEGORY B		
				1 CHILD	2 OR MORE	1 CHILD	2 CHILDREN	3 OR MORE
Community Provider Plan Combinations								
C033**	Kern Family Health Care 93203, 93241, 93301-09, 93311-13, 93380-90, 93399	Access Dental Plan	VSP	\$4	\$8	\$6	\$12	\$18
C127**	Kern Family Health Care 93203, 93205-06, 93215-17, 93220, 93222, 93224-26 93238, 93240-41, 93243, 93249-52, 93255, 93263 93268, 93276, 93280, 93283, 93285, 93287, 93301-09 93311-13, 93380-90, 93399, 93501-02, 93504-05 93516, 93518-19, 93523-24, 93527-28, 93531, 93554 93560-61, 93581-82, 93596	Delta Dental	VSP	\$4	\$8	\$6	\$12	\$18
C034**	Kern Family Health Care 93215-17, 93220, 93225, 93241, 93250, 93280, 93301-09, 93311-13, 93380-90, 93399, 93518	Denticare	VSP	\$4	\$8	\$6	\$12	\$18
Other Combinations Available								
D068**	Blue Cross-HMO 93203, 93241, 93301-09, 93311-13, 93380-90, 93399	Access Dental Plan	VSP	\$7	\$14	\$9	\$18	\$27
D069	Blue Cross-HMO	Delta Dental	VSP	\$7	\$14	\$9	\$18	\$27
D070**	Blue Cross-HMO 93215-17, 93220, 93225, 93241, 93250, 93280, 93300-09, 93311-13, 93380-90, 93399, 93518	Denticare	VSP	\$7	\$14	\$9	\$18	\$27
**Available in listed ZIP codes only.								

KERN

*See page 16 of this handbook to determine if you pay a Category A- or B-level premium.

NOTE: Blue Shield HMO, Kern Family Health Care, and CalOPTIMA Kids offer two benefit plans. One includes elective abortion services. The other excludes elective abortions. To select the plan that does not include elective abortions, add an "N" to the end of the plan combination code.

PLAN COMBINATION CODE	Health Plan	DENTAL PLAN	VISION PLAN	INSURANCE PREMIUM*				
				CATEGORY A		CATEGORY B		
				1 CHILD	2 OR MORE	1 CHILD	2 CHILDREN	3 OR MORE
Other Combinations Available (continued)								
D071**	Blue Shield-HMO 93203, 93241, 93301-09, 93311-13, 93380-90, 93399	Access Dental Plan	VSP	\$7	\$14	\$9	\$18	\$27
D355**	Blue Shield-HMO 93203, 93205-06, 93215-17, 93220, 93222, 93224-26 93238, 93240-41, 93243, 93249-52, 93255, 93263, 93268, 93276, 93280, 93283, 93285, 93287-88, 93301-09, 93311-13, 93380-90, 93399, 93518, 93523, 93531, 93561, 93570, 93581-82	Delta Dental	VSP	\$7	\$14	\$9	\$18	\$27
D072**	Blue Shield-HMO 93215-17, 93220, 93225, 93241, 93250, 93280, 93300-09, 93311-13, 93380-90, 93399, 93518	Denticare	VSP	\$7	\$14	\$9	\$18	\$27
D073**	Kaiser Permanente 93203, 93241, 93301-09, 93311-13, 93380-90, 93399	Access Dental Plan	VSP	\$7	\$14	\$9	\$18	\$27
D356**	Kaiser Permanente 93203, 93205-06, 93215-17, 93220, 93224, 93226, 93238, 93240-41, 93250-52, 93263, 93268, 93276, 93280, 93285, 93287, 93301-09, 93311-13, 93380-90, 93399, 93518, 93531, 93561, 93581, 93582	Delta Dental	VSP	\$7	\$14	\$9	\$18	\$27
D074**	Kaiser Permanente 93215-17, 93220, 93241, 93250, 93280, 93301-09, 93311-13, 93380-90, 93399, 93518	Denticare	VSP	\$7	\$14	\$9	\$18	\$27
**Available in listed ZIP codes only.								

KERN (CONTINUED)

KERN (CONTINUED)

*See page 16 of this handbook to determine if you pay a Category A- or B-level premium.

NOTE: Blue Shield HMO, Kern Family Health Care, and CalOPTIMA Kids offer two benefit plans. One includes elective abortion services. The other excludes elective abortions. To select the plan that does not include elective abortions, add an "N" to the end of the plan combination code.

PLAN COMBINATION CODE	Health Plan	DENTAL PLAN	VISION PLAN	INSURANCE PREMIUM*					KINGS
				CATEGORY A		CATEGORY B			
				1 CHILD	2 OR MORE	1 CHILD	2 CHILDREN	3 OR MORE	
Community Provider Plan Combinations									
C035	Blue Cross-EPO	Delta Dental	VSP	\$4	\$8	\$6	\$12	\$18	
C036	Blue Cross-EPO	Premier Access	VSP	\$4	\$8	\$6	\$12	\$18	
Other Combinations Available									
D075	Blue Shield-HMO	Delta Dental	VSP	\$7	\$14	\$9	\$18	\$27	
D076	Blue Shield-HMO	Premier Access	VSP	\$7	\$14	\$9	\$18	\$27	
D077	Health Net	Delta Dental	VSP	\$7	\$14	\$9	\$18	\$27	
D078	Health Net	Premier Access	VSP	\$7	\$14	\$9	\$18	\$27	
D079**	Kaiser Permanente 93230-32	Delta Dental	VSP	\$7	\$14	\$9	\$18	\$27	
D080**	Kaiser Permanente 93230-32	Premier Access	VSP	\$7	\$14	\$9	\$18	\$27	
D081	United HealthCare	Delta Dental	VSP	\$7	\$14	\$9	\$18	\$27	
**Available in listed ZIP codes only.									

****Available in listed ZIP codes only.**

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NOTE: Blue Shield HMO, Kern Family Health Care, and CalOPTIMA Kids offer two benefit plans. One includes elective abortion services. The other excludes elective abortions. To select the plan that does not include elective abortions, add an "N" to the end of the plan combination code.

				INSURANCE PREMIUM*					LAKE
PLAN COMBINATION CODE	Health Plan	DENTAL PLAN	VISION PLAN	CATEGORY A		CATEGORY B			
				1 CHILD	2 OR MORE	1 CHILD	2 CHILDREN	3 OR MORE	
Community Provider Plan Combinations									
C037	Blue Cross-EPO	Delta Dental	VSP	\$4	\$8	\$6	\$12	\$18	
C038	Blue Cross-EPO	Premier Access	VSP	\$4	\$8	\$6	\$12	\$18	
Other Combinations Available									
D082	Health Net	Delta Dental	VSP	\$7	\$14	\$9	\$18	\$27	
D083	Health Net	Premier Access	VSP	\$7	\$14	\$9	\$18	\$27	

				INSURANCE PREMIUM*					LASSEN
PLAN COMBINATION CODE	Health Plan	DENTAL PLAN	VISION PLAN	CATEGORY A		CATEGORY B			
				1 CHILD	2 OR MORE	1 CHILD	2 CHILDREN	3 OR MORE	
Community Provider Plan Combinations									
C039	Blue Cross-EPO	Delta Dental	VSP	\$4	\$8	\$6	\$12	\$18	
C040	Blue Cross-EPO	Premier Access	VSP	\$4	\$8	\$6	\$12	\$18	

*See page 16 of this handbook to determine if you pay a Category A- or B-level premium.

NOTE: Blue Shield HMO, Kern Family Health Care, and CalOPTIMA Kids offer two benefit plans. One includes elective abortion services. The other excludes elective abortions. To select the plan that does not include elective abortions, add an "N" to the end of the plan combination code.

PLAN COMBINATION CODE	Health Plan	DENTAL PLAN	VISION PLAN	INSURANCE PREMIUM*					LOS ANGELES
				CATEGORY A		CATEGORY B			
				1 CHILD	2 OR MORE	1 CHILD	2 CHILDREN	3 OR MORE	
Community Provider Plan Combinations									
C041	Community Health Plan	Access Dental Plan	VSP	\$4	\$8	\$6	\$12	\$18	
C042	Community Health Plan	Denticare	VSP	\$4	\$8	\$6	\$12	\$18	
C043	Community Health Plan	Delta Dental	VSP	\$6	\$12	\$8	\$16	\$24	
Other Combinations Available									
D097	American Family Care	Access Dental Plan	VSP	\$7	\$14	\$9	\$18	\$27	
D098	American Family Care	Delta Dental	VSP	\$7	\$14	\$9	\$18	\$27	
D099	American Family Care	Denticare	VSP	\$7	\$14	\$9	\$18	\$27	
D087	Blue Cross-HMO	Access Dental Plan	VSP	\$7	\$14	\$9	\$18	\$27	
D088	Blue Cross-HMO	Delta Dental	VSP	\$7	\$14	\$9	\$18	\$27	
D089	Blue Cross-HMO	Denticare	VSP	\$7	\$14	\$9	\$18	\$27	
D090	Blue Shield-HMO	Access Dental Plan	VSP	\$7	\$14	\$9	\$18	\$27	
D091	Blue Shield-HMO	Denticare	VSP	\$7	\$14	\$9	\$18	\$27	

*See page 16 of this handbook to determine if you pay a Category A- or B-level premium.

NOTE: Blue Shield HMO, Kern Family Health Care, and CalOPTIMA Kids offer two benefit plans. One includes elective abortion services. The other excludes elective abortions. To select the plan that does not include elective abortions, add an "N" to the end of the plan combination code.

PLAN COMBINATION CODE	Health Plan	DENTAL PLAN	VISION PLAN	INSURANCE PREMIUM*					LOS ANGELES (CONTINUED)
				CATEGORY A		CATEGORY B			
				1 CHILD	2 OR MORE	1 CHILD	2 CHILDREN	3 OR MORE	
Other Combinations Available (continued)									
D093	Health Net	Access Dental Plan	VSP	\$7	\$14	\$9	\$18	\$27	
D094	Health Net	Dentcare	VSP	\$7	\$14	\$9	\$18	\$27	
D095	Kaiser Permanente	Dentcare	VSP	\$7	\$14	\$9	\$18	\$27	
D096	L.A. Care Health Plan	Dentcare	VSP	\$7	\$14	\$9	\$18	\$27	
D100	UHP Healthcare	Access Dental Plan	VSP	\$7	\$14	\$9	\$18	\$27	
D101	UHP Healthcare	Delta Dental	VSP	\$7	\$14	\$9	\$18	\$27	
D102	UHP Healthcare	Dentcare	VSP	\$7	\$14	\$9	\$18	\$27	
D103	United HealthCare	Dentcare	VSP	\$7	\$14	\$9	\$18	\$27	

PLAN COMBINATION CODE	Health Plan	DENTAL PLAN	VISION PLAN	INSURANCE PREMIUM*					MADERA
				CATEGORY A		CATEGORY B			
				1 CHILD	2 OR MORE	1 CHILD	2 CHILDREN	3 OR MORE	
Community Provider Plan Combinations									
C044	Blue Cross-EPO	Access Dental Plan	VSP	\$4	\$8	\$6	\$12	\$18	
C045**	Blue Cross-EPO 93601, 93614, 93626, 93637-39, 93645, 93653	Denticare	VSP	\$4	\$8	\$6	\$12	\$18	
C046	Blue Cross-EPO **Available in listed ZIP codes only.	Delta Dental	VSP	\$6	\$12	\$8	\$16	\$24	

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NOTE: Blue Shield HMO, Kern Family Health Care, and CalOPTIMA Kids offer two benefit plans. One includes elective abortion services. The other excludes elective abortions. To select the plan that does not include elective abortions, add an "N" to the end of the plan combination code.

PLAN COMBINATION CODE	Health Plan	DENTAL PLAN	VISION PLAN	INSURANCE PREMIUM*				
				CATEGORY A		CATEGORY B		
				1 CHILD	2 OR MORE	1 CHILD	2 CHILDREN	3 OR MORE
<i>Other Combinations Available</i>								
D111	American Family Care	Access Dental Plan	VSP	\$7	\$14	\$9	\$18	\$27
D112	American Family Care	Delta Dental	VSP	\$7	\$14	\$9	\$18	\$27
D113**	American Family Care	Denticare	VSP	\$7	\$14	\$9	\$18	\$27
	93601, 93614, 93626, 93637-39, 93645, 93653							
D104	Blue Shield-HMO	Access Dental Plan	VSP	\$7	\$14	\$9	\$18	\$27
D105	Blue Shield-HMO	Delta Dental	VSP	\$7	\$14	\$9	\$18	\$27
D106**	Blue Shield-HMO	Denticare	VSP	\$7	\$14	\$9	\$18	\$27
	93601, 93614, 93626, 93637-39, 93645, 93653							
D357	Health Net	Access Dental Plan	VSP	\$7	\$14	\$9	\$18	\$27
D358	Health Net	Delta Dental	VSP	\$7	\$14	\$9	\$18	\$27
D107**	Health Net	Denticare	VSP	\$7	\$14	\$9	\$18	\$27
	93601, 93614, 93626, 93637-39, 93645, 93653							
D108**	Kaiser Permanente	Access Dental Plan	VSP	\$7	\$14	\$9	\$18	\$27
	93601, 93604, 93614, 93637-39, 93643-45, 93653, 93669							
D109**	Kaiser Permanente	Delta Dental	VSP	\$7	\$14	\$9	\$18	\$27
	93601, 93604, 93614, 93637-39, 93643-45, 93653, 93669							
D110**	Kaiser Permanente	Denticare	VSP	\$7	\$14	\$9	\$18	\$27
	93601, 93614, 93637-39, 93645, 93653							
	**Available in listed ZIP codes only.							

MADERA (CONTINUED)

*See page 16 of this handbook to determine if you pay a Category A- or B-level premium.

NOTE: Blue Shield HMO, Kern Family Health Care, and CalOPTIMA Kids offer two benefit plans. One includes elective abortion services. The other excludes elective abortions. To select the plan that does not include elective abortions, add an "N" to the end of the plan combination code.

				INSURANCE PREMIUM*				
				CATEGORY A		CATEGORY B		
<u>PLAN COMBINATION CODE</u>	<u>Health Plan</u>	<u>DENTAL PLAN</u>	<u>VISION PLAN</u>	1 CHILD	2 OR MORE	1 CHILD	2 CHILDREN	3 OR MORE
Community Provider Plan Combinations								
C047	Blue Cross-EPO	Delta Dental	VSP	\$4	\$8	\$6	\$12	\$18
C048	Blue Cross-EPO	Denticare	VSP	\$4	\$8	\$6	\$12	\$18
Other Combinations Available								
D114	Blue Shield-HMO	Delta Dental	VSP	\$7	\$14	\$9	\$18	\$27
D115	Blue Shield-HMO	Denticare	VSP	\$7	\$14	\$9	\$18	\$27
D116	Health Net	Delta Dental	VSP	\$7	\$14	\$9	\$18	\$27
D117	Health Net	Denticare	VSP	\$7	\$14	\$9	\$18	\$27
D118	Kaiser Permanente	Delta Dental	VSP	\$7	\$14	\$9	\$18	\$27
D119	Kaiser Permanente	Denticare	VSP	\$7	\$14	\$9	\$18	\$27

				INSURANCE PREMIUM*				
				CATEGORY A		CATEGORY B		
<u>PLAN COMBINATION CODE</u>	<u>Health Plan</u>	<u>DENTAL PLAN</u>	<u>VISION PLAN</u>	1 CHILD	2 OR MORE	1 CHILD	2 CHILDREN	3 OR MORE
Community Provider Plan Combinations								
C049	Blue Cross-EPO	Delta Dental	VSP	\$4	\$8	\$6	\$12	\$18
Other Combinations Available								
D120	Health Net	Delta Dental	VSP	\$7	\$14	\$9	\$18	\$27

*See page 16 of this handbook to determine if you pay a Category A- or B-level premium.

NOTE: Blue Shield HMO, Kern Family Health Care, and CalOPTIMA Kids offer two benefit plans. One includes elective abortion services. The other excludes elective abortions. To select the plan that does not include elective abortions, add an "N" to the end of the plan combination code.

PLAN COMBINATION CODE	Health Plan	DENTAL PLAN	VISION PLAN	INSURANCE PREMIUM*					MENDOCINO
				CATEGORY A		CATEGORY B			
				1 CHILD	2 OR MORE	1 CHILD	2 CHILDREN	3 OR MORE	
Community Provider Plan Combinations									
C050	Blue Cross-EPO	Delta Dental	VSP	\$4	\$8	\$6	\$12	\$18	
C051	Blue Cross-EPO	Premier Access	VSP	\$4	\$8	\$6	\$12	\$18	
Other Combinations Available									
D121**	Health Net	Delta Dental	VSP	\$7	\$14	\$9	\$18	\$27	
95415, 95418, 95445, 95449, 95481-82									

PLAN COMBINATION CODE	Health Plan	DENTAL PLAN	VISION PLAN	INSURANCE PREMIUM*					MERCED
				CATEGORY A		CATEGORY B			
				1 CHILD	2 OR MORE	1 CHILD	2 CHILDREN	3 OR MORE	
Community Provider Plan Combinations									
C052	Blue Cross-EPO	Access Dental Plan	VSP	\$4	\$8	\$6	\$12	\$18	
C053	Blue Cross-EPO	Delta Dental	VSP	\$4	\$8	\$6	\$12	\$18	
Other Combinations Available									
D122	Blue Shield-HMO	Access Dental Plan	VSP	\$7	\$14	\$9	\$18	\$27	
D123	Blue Shield-HMO	Delta Dental	VSP	\$7	\$14	\$9	\$18	\$27	

**Available in listed ZIP codes only.

*See page 16 of this handbook to determine if you pay a Category A- or B-level premium.

NOTE: Blue Shield HMO, Kern Family Health Care, and CalOPTIMA Kids offer two benefit plans. One includes elective abortion services. The other excludes elective abortions. To select the plan that does not include elective abortions, add an "N" to the end of the plan combination code.

PLAN COMBINATION CODE	Health Plan	DENTAL PLAN	VISION PLAN	INSURANCE PREMIUM*					MERCED (CONTINUED)
				CATEGORY A		CATEGORY B			
				1 CHILD	2 OR MORE	1 CHILD	2 CHILDREN	3 OR MORE	
<i>Other Combinations Available (continued)</i>									
D125	Health Net	Access Dental Plan	VSP	\$7	\$14	\$9	\$18	\$27	
D126	Health Net	Delta Dental	VSP	\$7	\$14	\$9	\$18	\$27	

PLAN COMBINATION CODE	Health Plan	DENTAL PLAN	VISION PLAN	INSURANCE PREMIUM*					MODOC
				CATEGORY A		CATEGORY B			
				1 CHILD	2 OR MORE	1 CHILD	2 CHILDREN	3 OR MORE	
Community Provider Plan Combinations									
C054	Blue Cross-EPO	Delta Dental	VSP	\$4	\$8	\$6	\$12	\$18	
C055	Blue Cross-EPO	Premier Access	VSP	\$4	\$8	\$6	\$12	\$18	

PLAN COMBINATION CODE	Health Plan	DENTAL PLAN	VISION PLAN	INSURANCE PREMIUM*					MONO
				CATEGORY A		CATEGORY B			
				1 CHILD	2 OR MORE	1 CHILD	2 CHILDREN	3 OR MORE	
Community Provider Plan Combinations									
C056	Blue Cross-EPO	Delta Dental	VSP	\$4	\$8	\$6	\$12	\$18	
C057	Blue Cross-EPO	Premier Access	VSP	\$4	\$8	\$6	\$12	\$18	

*See page 16 of this handbook to determine if you pay a Category A- or B-level premium.

NOTE: Blue Shield HMO, Kern Family Health Care, and CalOPTIMA Kids offer two benefit plans. One includes elective abortion services. The other excludes elective abortions. To select the plan that does not include elective abortions, add an "N" to the end of the plan combination code.

PLAN COMBINATION CODE	Health Plan	DENTAL PLAN	VISION PLAN	INSURANCE PREMIUM*					MONTEREY
				CATEGORY A		CATEGORY B			
				1 CHILD	2 OR MORE	1 CHILD	2 CHILDREN	3 OR MORE	
Community Provider Plan Combinations									
C058	Blue Cross-EPO	Delta Dental	VSP	\$4	\$8	\$6	\$12	\$18	
C059**	Blue Cross-EPO 93901-02, 93905-08, 93911-12, 93915, 93921-26, 93933, 93940-44, 93950, 93953, 93955, 93962, 95004, 95012, 95039	Dentcare	VSP	\$4	\$8	\$6	\$12	\$18	
Other Combinations Available									
D129	Blue Shield-HMO	Delta Dental	VSP	\$7	\$14	\$9	\$18	\$27	
D130**	Blue Shield-HMO 93901-02, 93905-08, 93911-12, 93915, 93921-26, 93933, 93940-44, 93950, 93953, 93955, 93962, 95004, 95012, 95039	Dentcare	VSP	\$7	\$14	\$9	\$18	\$27	
D133	Health Net	Delta Dental	VSP	\$7	\$14	\$9	\$18	\$27	
D134**	Health Net 93901-02, 93905-08, 93911-12, 93915, 93921-26, 93933, 93940-44, 93950, 93953, 93955, 93962, 95004, 95012, 95039	Dentcare	VSP	\$7	\$14	\$9	\$18	\$27	
**Available in listed ZIP codes only.									

**Available in listed ZIP codes only.

*See page 16 of this handbook to determine if you pay a Category A- or B-level premium.

NOTE: Blue Shield HMO, Kern Family Health Care, and CalOPTIMA Kids offer two benefit plans. One includes elective abortion services. The other excludes elective abortions. To select the plan that does not include elective abortions, add an "N" to the end of the plan combination code.

PLAN COMBINATION CODE	Health Plan	DENTAL PLAN	VISION PLAN	INSURANCE PREMIUM*					NAPA
				CATEGORY A		CATEGORY B			
				1 CHILD	2 OR MORE	1 CHILD	2 CHILDREN	3 OR MORE	
Community Provider Plan Combinations									
C060	Partnership Health Plan	Delta Dental	VSP	\$4	\$8	\$6	\$12	\$18	
Other Combinations Available									
D135	Blue Cross-EPO	Delta Dental	VSP	\$7	\$14	\$9	\$18	\$27	
D136	Blue Shield-HMO	Delta Dental	VSP	\$7	\$14	\$9	\$18	\$27	
D138	Health Net	Delta Dental	VSP	\$7	\$14	\$9	\$18	\$27	
D139	Kaiser Permanente	Delta Dental	VSP	\$7	\$14	\$9	\$18	\$27	



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www.healthyfamilies.ca.gov.

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NOTE: Blue Shield HMO, Kern Family Health Care, and CalOPTIMA Kids offer two benefit plans. One includes elective abortion services. The other excludes elective abortions. To select the plan that does not include elective abortions, add an "N" to the end of the plan combination code.

PLAN COMBINATION CODE	Health Plan	DENTAL PLAN	VISION PLAN	INSURANCE PREMIUM*				
				CATEGORY A		CATEGORY B		
				1 CHILD	2 OR MORE	1 CHILD	2 CHILDREN	3 OR MORE
Community Provider Plan Combinations								
C061	Blue Cross-EPO	Delta Dental	VSP	\$4	\$8	\$6	\$12	\$18
C062	Blue Cross-EPO	Premier Access	VSP	\$4	\$8	\$6	\$12	\$18
Other Combinations Available								
D141**	Blue Shield-HMO 95712, 95924, 95945, 95946, 95949, 95959-60, 95975, 95986	Delta Dental	VSP	\$7	\$14	\$9	\$18	\$27
D142**	Blue Shield-HMO 95712, 95924, 95945, 95946, 95949, 95959-60, 95975, 95986	Premier Access	VSP	\$7	\$14	\$9	\$18	\$27
D145**	Health Net 95712, 95924, 95945, 95946, 95949, 95959, 95975, 95986	Delta Dental	VSP	\$7	\$14	\$9	\$18	\$27
D146**	Health Net 95712, 95924, 95945, 95946, 95949, 95959, 95975, 95986	Premier Access	VSP	\$7	\$14	\$9	\$18	\$27
**Available in listed ZIP codes only.								

NEVADA

NEVADA

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NOTE: Blue Shield HMO, Kern Family Health Care, and CalOPTIMA Kids offer two benefit plans. One includes elective abortion services. The other excludes elective abortions. To select the plan that does not include elective abortions, add an "N" to the end of the plan combination code.

PLAN COMBINATION CODE	Health Plan	DENTAL PLAN	VISION PLAN	INSURANCE PREMIUM*					
				CATEGORY A		CATEGORY B			
				1 CHILD	2 OR MORE	1 CHILD	2 CHILDREN	3 OR MORE	
Community Provider Plan Combinations						ORANGE			
C063	CalOPTIMA Kids	Access Dental Plan	VSP	\$4	\$8		\$6	\$12	\$18
C064	CalOPTIMA Kids	Denticare	VSP	\$4	\$8		\$6	\$12	\$18
Other Combinations Available									
D148	Blue Cross-HMO	Access Dental Plan	VSP	\$7	\$14		\$9	\$18	\$27
D149	Blue Cross-HMO	Delta Dental	VSP	\$7	\$14		\$9	\$18	\$27
D150	Blue Cross-HMO	Denticare	VSP	\$7	\$14		\$9	\$18	\$27
D151	Blue Shield-HMO	Denticare	VSP	\$7	\$14		\$9	\$18	\$27
D152	Kaiser Permanente	Denticare	VSP	\$7	\$14		\$9	\$18	\$27
D153**	UHP Healthcare	Access Dental Plan	VSP	\$7	\$14		\$9	\$18	\$27
92610, 92614, 92621, 92626, 92635, 92643-44, 92647-49, 92653, 92660, 92663, 92667-69, 92673, 92677, 92683, 92691, 92701, 92703-08, 92714, 92728, 92780, 92801, 92821-22, 92831-32, 92835, 92840, 92843-44, 92866-68, 92870, 92886									

ORANGE

**Available in listed ZIP codes only.

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PLAN COMBINATION CODE	Health Plan	DENTAL PLAN	VISION PLAN	INSURANCE PREMIUM*					ORANGE (CONTINUED)
				CATEGORY A		CATEGORY B			
				1 CHILD	2 OR MORE	1 CHILD	2 CHILDREN	3 OR MORE	
Other Combinations Available (continued)									
D154**	UHP Healthcare 92610, 92614, 92621, 92626, 92635, 92643-44, 92647-49, 92653, 92660, 92663, 92667-69, 92673, 92677, 92683, 92691, 92701, 92703-08, 92714, 92728, 92780, 92801, 92821-22, 92831-32, 92835, 92840, 92843-44, 92866-68, 92870, 92886	Denticare	VSP	\$7	\$14	\$9	\$18	\$27	
D155	United HealthCare	Denticare	VSP	\$7	\$14	\$9	\$18	\$27	
D156	Universal Care	Access Dental Plan	VSP	\$7	\$14	\$9	\$18	\$27	
D157	Universal Care	Denticare	VSP	\$7	\$14	\$9	\$18	\$27	

PLAN COMBINATION CODE	Health Plan	DENTAL PLAN	VISION PLAN	INSURANCE PREMIUM*					PLACER
				CATEGORY A		CATEGORY B			
				1 CHILD	2 OR MORE	1 CHILD	2 CHILDREN	3 OR MORE	
Community Provider Plan Combinations									
C065**	Health Net 95602-04, 95631, 95648, 95650, 95658, 95661, 95663, 95677, 95678, 95681, 95701, 95703, 95713-14, 95717, 95722, 95736, 95746-47, 95765	Delta Dental	VSP	\$4	\$8	\$6	\$12	\$18	
C066**	Health Net 95602-04, 95648, 95650, 95658, 95661, 95663, 95677, 95678, 95681, 95703, 95713-14, 95717, 95722, 95736, 95746-47, 95765	Denticare	VSP	\$4	\$8	\$6	\$12	\$18	

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PLAN COMBINATION CODE	Health Plan	DENTAL PLAN	VISION PLAN	INSURANCE PREMIUM*					PLACER (CONTINUED)
				CATEGORY A		CATEGORY B			
				1 CHILD	2 OR MORE	1 CHILD	2 CHILDREN	3 OR MORE	
Other Combinations Available									
D158	Blue Cross-EPO	Delta Dental	VSP	\$7	\$14	\$9	\$18	\$27	
D159**	Blue Cross-EPO 95602-04, 95648, 95650, 95658, 95661, 95663, 95677, 95678, 95681, 95703, 95713-14, 95717, 95722, 95736, 95746-47, 95765	Denticare	VSP	\$7	\$14	\$9	\$18	\$27	
D160**	Blue Shield-HMO 95602-04, 95631, 95648, 95650, 95658, 95661, 95663, 95677-78, 95681, 95703, 95713, 95722, 95736, 95746-47, 95765	Delta Dental	VSP	\$7	\$14	\$9	\$18	\$27	
D161**	Blue Shield-HMO 95602-04, 95648, 95650, 95658, 95661, 95663, 95677- 78, 95681, 95703, 95713, 95722, 95736, 95746-47, 95765	Denticare	VSP	\$7	\$14	\$9	\$18	\$27	
D162**	Kaiser Permanente 95602-04, 95648, 95650, 95658, 95661, 95663, 95677, 95678, 95681, 95703, 95722, 95736, 95746-47, 95765	Delta Dental	VSP	\$7	\$14	\$9	\$18	\$27	
D163**	Kaiser Permanente 95602-04, 95648, 95650, 95658, 95661, 95663, 95677 95678, 95681, 95703, 95722, 95736, 95746-47, 95765	Denticare	VSP	\$7	\$14	\$9	\$18	\$27	

****Available in listed ZIP codes only.**

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PLAN COMBINATION CODE	Health Plan	DENTAL PLAN	VISION PLAN	INSURANCE PREMIUM*					PLUMAS
				CATEGORY A		CATEGORY B			
				1 CHILD	2 OR MORE	1 CHILD	2 CHILDREN	3 OR MORE	
Community Provider Plan Combinations									
C067	Blue Cross-EPO	Delta Dental	VSP	\$4	\$8	\$6	\$12	\$18	
C068	Blue Cross-EPO	Premier Access	VSP	\$4	\$8	\$6	\$12	\$18	
Other Combinations Available									
D168**	Health Net 96103, 96105-06, 96122, 96129, 96135	Delta Dental	VSP	\$7	\$14	\$9	\$18	\$27	
D169**	Health Net 96103, 96105-06, 96122, 96129, 96135	Premier Access	VSP	\$7	\$14	\$9	\$18	\$27	
**Available in listed ZIP codes only.									

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PLAN COMBINATION CODE	Health Plan	DENTAL PLAN	VISION PLAN	INSURANCE PREMIUM*				
				CATEGORY A		CATEGORY B		
				1 CHILD	2 OR MORE	1 CHILD	2 CHILDREN	3 OR MORE
Community Provider Plan Combinations								
C069**	Inland Empire Health Plan 91718-20, 91752, 91760, 92201-03, 92210-11, 92220, 92223, 92230, 92234-36, 92240-41, 92253-55, 92258, 92260-64, 92270, 92274-76, 92282, 92292, 92320, 92337, 92501-09, 92513-19, 92521-22, 92530-32, 92536, 92539, 92543-46, 92548-49, 92551-57, 92561-64, 92567, 92570-72, 92581-87, 92589-93, 92595-96, 92599	Denticare	VSP	\$4	\$8	\$6	\$12	\$18
C070**	Inland Empire Health Plan 91718-20, 91752, 91760, 92201-03, 92210-11, 92220, 92223, 92230, 92234-36, 92240-41, 92253-55, 92258, 92260-64, 92270, 92274-76, 92282, 92292, 92320, 92337, 92501-09, 92513-19, 92521-22, 92530-32, 92536, 92539, 92543-46, 92548-49, 92551-57, 92561-64, 92567, 92570-72, 92581-87, 92589-93, 92595-96, 92599	Access Dental Plan	VSP	\$6	\$12	\$8	\$16	\$24
Other Combinations Available								
D179	American Family Care	Access Dental Plan	VSP	\$7	\$14	\$9	\$18	\$27
D180	American Family Care	Delta Dental	VSP	\$7	\$14	\$9	\$18	\$27
D181	American Family Care	Denticare	VSP	\$7	\$14	\$9	\$18	\$27
D170	Blue Cross-EPO	Denticare	VSP	\$7	\$14	\$9	\$18	\$27

RIVERSIDE

**Available in listed ZIP codes only.

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PLAN COMBINATION CODE	Health Plan	DENTAL PLAN	VISION PLAN	INSURANCE PREMIUM*				
				CATEGORY A		CATEGORY B		
				1 CHILD	2 OR MORE	1 CHILD	2 CHILDREN	3 OR MORE
<i>Other Combinations Available (continued)</i>								
D171	Blue Shield-HMO	Access Dental Plan	VSP	\$7	\$14	\$9	\$18	\$27
D172	Blue Shield-HMO	Denticare	VSP	\$7	\$14	\$9	\$18	\$27
D175**	Health Net	Access Dental Plan	VSP	\$7	\$14	\$9	\$18	\$27
	91718-20, 91752, 91760, 92201-03, 92210-11, 92220, 92223, 92230, 92234-36, 92240-41, 92253-55, 92258, 92260-64, 92270, 92276, 92282, 92292, 92320, 92337, 92501-09, 92513-19, 92521-22, 92530-32, 92539, 92543-46, 92548-49, 92551-57, 92561-64, 92567, 92570-72, 92581-87, 92589-93, 92595-96, 92599							
D176**	Health Net	Denticare	VSP	\$7	\$14	\$9	\$18	\$27
	91718-20, 91752, 91760, 92201-03, 92210-11, 92220, 92223, 92230, 92234-36, 92240-41, 92253-55, 92258, 92260-64, 92270, 92276, 92282, 92292, 92320, 92337, 92501-09, 92513-19, 92521-22, 92530-32, 92539, 92543-46, 92548-49, 92551-57, 92561-64, 92567, 92570-72, 92581-87, 92589-93, 92595-96, 92599							
D177**	Kaiser Permanente	Access Dental Plan	VSP	\$7	\$14	\$9	\$18	\$27
	91718-20, 91752, 91760, 92220, 92223, 92320, 92337, 92501-09, 92513-19, 92521-22, 92530-32, 92543-46, 92548, 92551-57, 92562-64, 92567, 92570-72, 92581-87, 92595-96, 92599							

RIVERSIDE (CONTINUED)

**Available in listed ZIP codes only.

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PLAN COMBINATION CODE	Health Plan	DENTAL PLAN	VISION PLAN	INSURANCE PREMIUM*				
				CATEGORY A		CATEGORY B		
				1 CHILD	2 OR MORE	1 CHILD	2 CHILDREN	3 OR MORE
Other Combinations Available (continued)								
D178**	Kaiser Permanente 91718-20, 91752, 91760, 92220, 92223, 92320, 92337, 92501-09, 92513-19, 92521-22, 92530-32, 92543-46, 92548, 92551-57, 92562-64, 92567, 92570-72, 92581- 87, 92595-96, 92599	Denticare	VSP	\$7	\$14	\$9	\$18	\$27
D182**	UHP Healthcare 92501, 92503, 92506-07, 92530, 92544, 92553, 92555, 92583, 92590	Access Dental Plan	VSP	\$7	\$14	\$9	\$18	\$27
D183**	UHP Healthcare 92501, 92503, 92506-07, 92530, 92544, 92553, 92555, 92583, 92590	Delta Dental	VSP	\$7	\$14	\$9	\$18	\$27
D184**	UHP Healthcare 92501, 92503, 92506-07, 92530, 92544, 92553, 92555, 92583, 92590	Denticare	VSP	\$7	\$14	\$9	\$18	\$27
D185	United HealthCare	Denticare	VSP	\$7	\$14	\$9	\$18	\$27
D186**	Universal Care 91718-20, 91752, 91760, 92501-09, 92513-18, 92530, 92552-57, 92562-64, 92570-72, 92589-93, 92595	Access Dental Plan	VSP	\$7	\$14	\$9	\$18	\$27
D187**	Universal Care 91718-20, 91752, 91760, 92501-09, 92513-18, 92530, 92552-57, 92562-64, 92570-72, 92589-93, 92595	Delta Dental	VSP	\$7	\$14	\$9	\$18	\$27
**Available in listed ZIP codes only.								

RIVERSIDE (CONTINUED)

RIVERSIDE (CONTINUED)

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PLAN COMBINATION CODE	Health Plan	DENTAL PLAN	VISION PLAN	INSURANCE PREMIUM*					RIVERSIDE (CONTINUED)
				CATEGORY A		CATEGORY B			
				1 CHILD	2 OR MORE	1 CHILD	2 CHILDREN	3 OR MORE	
<i>Other Combinations Available (continued)</i>									
D188**	Universal Care 91718-20, 91752, 91760, 92501-09, 92513-18, 92530, 92552-57, 92562-64, 92570-72, 92589-93, 92595	Denticare	VSP	\$7	\$14	\$9	\$18	\$27	

PLAN COMBINATION CODE	Health Plan	DENTAL PLAN	VISION PLAN	INSURANCE PREMIUM*					SACRAMENTO
				CATEGORY A		CATEGORY B			
				1 CHILD	2 OR MORE	1 CHILD	2 CHILDREN	3 OR MORE	
Community Provider Plan Combinations									
C071	Blue Cross-HMO	Access Dental Plan	VSP	\$4	\$8	\$6	\$12	\$18	
C072	Blue Cross-HMO	Delta Dental	VSP	\$4	\$8	\$6	\$12	\$18	
C073	Blue Cross-HMO	Dentcare	VSP	\$4	\$8	\$6	\$12	\$18	
Other Combinations Available									
D191	American Family Care	Dentcare	VSP	\$7	\$14	\$9	\$18	\$27	
D189	Blue Shield-HMO	Dentcare	VSP	\$7	\$14	\$9	\$18	\$27	
D190	Kaiser Permanente	Dentcare	VSP	\$7	\$14	\$9	\$18	\$27	

****Available in listed ZIP codes only.**

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PLAN COMBINATION CODE	Health Plan	DENTAL PLAN	VISION PLAN	INSURANCE PREMIUM*				
				CATEGORY A		CATEGORY B		
				1 CHILD	2 OR MORE	1 CHILD	2 CHILDREN	3 OR MORE
Community Provider Plan Combinations								
C129	Blue Cross-EPO	Delta Dental	VSP	\$4	\$8	\$6	\$12	\$18
C130	Blue Cross-EPO	Premier Access	VSP	\$4	\$8	\$6	\$12	\$18
Other Combinations Available								
D192	Blue Cross-EPO	Delta Dental	VSP	\$7	\$14	\$9	\$18	\$27
D193	Blue Cross-EPO	Premier Access	VSP	\$7	\$14	\$9	\$18	\$27
D194**	United HealthCare 95023, 95024, 95045	Delta Dental	VSP	\$7	\$14	\$9	\$18	\$27

SAN BENTO

SAN BENTO

**Available in listed ZIP codes only.



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PLAN COMBINATION CODE	Health Plan	DENTAL PLAN	VISION PLAN	INSURANCE PREMIUM*				
				CATEGORY A		CATEGORY B		
				1 CHILD	2 OR MORE	1 CHILD	2 CHILDREN	3 OR MORE
Community Provider Plan Combinations								
C076**	Inland Empire Health Plan 91701, 91708-10, 91729, 91730, 91737, 91739, 91743, 91758, 91761-64, 91784-86, 91798, 92301, 92305, 92307-08, 92316, 92318, 92329, 92334-36, 92339-40, 92342, 92345-46, 92350, 92354, 92357-59, 92368-69, 92371-77, 92392-94, 92397, 92399, 92401-08, 92410-16, 92418, 92420, 92423-24, 92427	Denticare	VSP	\$4	\$8	\$6	\$12	\$18
C077**	Inland Empire Health Plan 91701, 91708-10, 91729, 91730, 91737, 91739, 91743, 91758, 91761-64, 91784-86, 91798, 92301, 92305, 92307-08, 92316, 92318, 92329, 92334-36, 92339-40, 92342, 92345-46, 92350, 92354, 92357-59, 92368-69, 92371-77, 92392-94, 92397, 92399, 92401-08, 92410-16, 92418, 92420, 92423-24, 92427, 93592	Access Dental Plan	VSP	\$6	\$12	\$8	\$16	\$24
Other Combinations Available								
D202	American Family Care	Access Dental Plan	VSP	\$7	\$14	\$9	\$18	\$27
D203	American Family Care	Delta Dental	VSP	\$7	\$14	\$9	\$18	\$27
**Available in listed ZIP codes only.								

SAN BERNARDINO

SAN BERNARDINO

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PLAN COMBINATION CODE	Health Plan	DENTAL PLAN	VISION PLAN	INSURANCE PREMIUM*				
				CATEGORY A		CATEGORY B		
				1 CHILD	2 OR MORE	1 CHILD	2 CHILDREN	3 OR MORE
<i>Other Combinations Available (continued)</i>								
D195**	Blue Cross-EPO	Denticare	VSP	\$7	\$14	\$9	\$18	\$27
	91701, 91708-10, 91729, 91730, 91737, 91739, 91743, 91758, 91761-64, 91784-86, 91798, 92301, 92305, 92307-08, 92316, 92318, 92321-22, 92325-26, 92329, 92334-36, 92339-42, 92345-46, 92350, 92352, 92354, 92357-59, 92368-69, 92371-78, 92382, 92385, 92391-94, 92397, 92399, 92401-08, 92410-16, 92418, 92420, 92423-24, 92427							
D196**	Blue Shield-HMO	Access Dental Plan	VSP	\$7	\$14	\$9	\$18	\$27
	91701, 91708-10, 91729, 91730, 91737, 91739, 91743, 91758, 91761-64, 91784-86, 91798, 92252, 92256, 92268, 92277, 92280, 92284-86, 92301, 92305, 92307-08, 92311-18, 92321-22, 92324-27, 92329, 92333-36, 92339-42, 92345-47, 92350, 92352, 92354, 92356-59, 92365, 92368-69, 92371-78, 92382, 92385-86, 92391-94, 92397-99, 92401-17, 92418, 92420, 92423-24, 92427							
D197**	Blue Shield-HMO	Denticare	VSP	\$7	\$14	\$9	\$18	\$27
	91701, 91708-10, 91729, 91730, 91737, 91739, 91743, 91758, 91761-64, 91784-86, 91798, 92252, 92256, 92268, 92277, 92284, 92301, 92305, 92307-08, 92311-18, 92321-22, 92324-27, 92329, 92333-36, 92339-42, 92345-47, 92350, 92352, 92354, 92356-59, 92365, 92368-69, 92371-78, 92382, 92385-86, 92391-94, 92397, 92399, 92401-16, 92418, 92420, 92423-24, 92427							

SAN BERNARDINO (CONTINUED)

**Available in listed ZIP codes only.

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PLAN COMBINATION CODE	Health Plan	DENTAL PLAN	VISION PLAN	INSURANCE PREMIUM*				
				CATEGORY A		CATEGORY B		
				1 CHILD	2 OR MORE	1 CHILD	2 CHILDREN	3 OR MORE
<i>Other Combinations Available (continued)</i>								
D198**	Health Net	Access Dental Plan	VSP	\$7	\$14	\$9	\$18	\$27
	91701, 91708-10, 91729-30, 91737, 91739, 91743, 91758, 91761-64, 91784-86, 91798, 92252, 92256, 92268, 92277- 78, 92284-86, 92301, 92304-05, 92307-18, 92321-22, 92324- 27, 92329, 92333-36, 92339-42, 92345-47, 92350, 92352, 92354, 92356-59, 92368-69, 92371-78, 92382, 92385-86, 92391-94, 92397-99, 92401-08, 92410-16, 92418, 92420, 92423-24, 92427							
D199**	Health Net	Denticare	VSP	\$7	\$14	\$9	\$18	\$27
	91701, 91708-10, 91729-30, 91737, 91739, 91743, 91758 91761-64, 91784-86, 91798, 92252, 92256, 92268, 92277, 92284, 92301, 92305, 92307-08, 92311-18, 92321-22 92324-27, 92329, 92333-36, 92339-42, 92345-47, 92350 92352, 92354, 92356-59, 92368-69, 92371-78, 92382 92385-86, 92391-94, 92397, 93299, 92401-08, 92410-16 92418, 92420, 92423-24, 92427							
D200**	Kaiser Permanente	Access Dental Plan	VSP	\$7	\$14	\$9	\$18	\$27
	91701, 91708-10, 91729-30, 91737, 91739, 91743, 91758, 91761-64, 91784-86, 91798, 92305, 92307-08, 92313-18, 92321-22, 92324-26, 92329, 92333-36, 92339- 41, 92345-46, 92350, 92352, 92354, 92357-59, 92369, 92371-78, 92382, 92385-86, 92391-94, 92397, 92399, 92401-08, 92410-16, 92418, 92420, 92423-24, 92427							

SAN BERNARDINO (CONTINUED)

**Available in listed ZIP codes only.

*See page 16 of this handbook to determine if you pay a Category A- or B-level premium.

NOTE: Blue Shield HMO, Kern Family Health Care, and CalOPTIMA Kids offer two benefit plans. One includes elective abortion services. The other excludes elective abortions. To select the plan that does not include elective abortions, add an "N" to the end of the plan combination code.

PLAN COMBINATION CODE	Health Plan	DENTAL PLAN	VISION PLAN	INSURANCE PREMIUM*				
				CATEGORY A		CATEGORY B		
				1 CHILD	2 OR MORE	1 CHILD	2 CHILDREN	3 OR MORE
<i>Other Combinations Available (continued)</i>								
D201**	Kaiser Permanente 91701, 91708-10, 91729-30, 91737, 91739, 91743, 91758 91761-64, 91784-86, 91798, 92305, 92307-08, 92313-18 92321-22, 92324-26, 92329, 92333-36, 92339-41, 92345-46 92350, 92352, 92354, 92357-59, 92369, 92371-78, 92382 92385-86, 92391-94, 92397, 92399, 92401-08, 92410-16 92418, 92420, 92423-24, 92427	Denticare	VSP	\$7	\$14	\$9	\$18	\$27
D204**	American Family Care 91701, 91708-10, 91729, 91730, 91737, 91739, 91743, 91758, 91761-64, 91784-86, 91798, 92301, 92305, 92307- 08, 92316, 92318, 92321-22, 92325-26, 92329, 92334-36, 92339-42, 92345-46, 92350, 92352, 92354, 92357-59, 92368-69, 92371-78, 92382, 92385, 92391-94, 92397, 92399, 92401-08, 92410-16, 92418, 92420, 92423-24, 92427, 93592	Denticare	VSP	\$7	\$14	\$9	\$18	\$27
D205**	UHP Healthcare 92313, 92315, 92324-25, 92354, 92373-74, 92376, 92404-05, 92411, 92415	Access Dental Plan	VSP	\$7	\$14	\$9	\$18	\$27
D206**	UHP Healthcare 92313, 92315, 92324-25, 92354, 92373-74, 92376, 92404-05, 92411, 92415	Delta Dental	VSP	\$7	\$14	\$9	\$18	\$27
D207**	UHP Healthcare 92313, 92315, 92324-25, 92354, 92373-74, 92376, 92404-05, 92411, 92415	Denticare	VSP	\$7	\$14	\$9	\$18	\$27

SAN BERNARDINO (CONTINUED)

**Available in listed ZIP codes only.

*See page 16 of this handbook to determine if you pay a Category A- or B-level premium.

NOTE: Blue Shield HMO, Kern Family Health Care, and CalOPTIMA Kids offer two benefit plans. One includes elective abortion services. The other excludes elective abortions. To select the plan that does not include elective abortions, add an "N" to the end of the plan combination code.

PLAN COMBINATION CODE	Health Plan	DENTAL PLAN	VISION PLAN	INSURANCE PREMIUM*				
				CATEGORY A		CATEGORY B		
				1 CHILD	2 OR MORE	1 CHILD	2 CHILDREN	3 OR MORE
<i>Other Combinations Available (continued)</i>								
D208**	United HealthCare	Denticare	VSP	\$7	\$14	\$9	\$18	\$27
	91701, 91708-10, 91729, 91730, 91737, 91739, 91743, 91758, 91761-64, 91784-86, 91798, 92301, 92305, 92307-08, 92316, 92318, 92321-22, 92325-26, 92329, 92334-36, 92339-42, 92345-46, 92350, 92352, 92354, 92357-59, 92368-69, 92371-78, 92382, 92385, 92391-94, 92397, 92399, 92401-08, 92410-16, 92418, 92420, 92423-24, 92427							
D209**	Universal Care	Access Dental Plan	VSP	\$7	\$14	\$9	\$18	\$27
	91701, 91708-10, 91729-30, 91737, 91739, 91761-64, 91786, 92301, 92307-08, 92311-12, 92316, 92324, 92327, 92335-36, 92338, 92342, 92345-46, 92354, 92356, 92365, 92368, , 92371-77, 92392-94, 92397-98, 92401, 92404-05, 92407-08, 92410-11							
D210**	Universal Care	Delta Dental	VSP	\$7	\$14	\$9	\$18	\$27
	91701, 91708-10, 91729-30, 91737, 91739, 91761-64, 91786, 92301, 92307-08, 92311-12, 92316, 92324, 92327, 92335-36, 92338, 92342, 92345-46, 92354, 92356, 92365, 92368, 92371-77, 92392-94, 92397-98, 92401, 92404-05, 92407-08, 92410-11							
D211**	Universal Care	Denticare	VSP	\$7	\$14	\$9	\$18	\$27
	91701, 91708-10, 91729-30, 91737, 91739, 91761-64, 91786, 92301, 92307-08, 92311-12, 92316, 92324, 92327, 92335-36, 92342, 92345-46, 92354, 92356, 92365, 92368, 92371-77, 92392-94, 92397, 92401, 92404-05, 92407-08, 92410-11							

SAN BERNARDINO (CONTINUED)

**Available in listed ZIP codes only.

*See page 16 of this handbook to determine if you pay a Category A- or B-level premium.

NOTE: Blue Shield HMO, Kern Family Health Care, and CalOPTIMA Kids offer two benefit plans. One includes elective abortion services. The other excludes elective abortions. To select the plan that does not include elective abortions, add an "N" to the end of the plan combination code.

PLAN COMBINATION CODE	Health Plan	DENTAL PLAN	VISION PLAN	INSURANCE PREMIUM*				
				CATEGORY A		CATEGORY B		
				1 CHILD	2 OR MORE	1 CHILD	2 CHILDREN	3 OR MORE
Community Provider Plan Combinations								
C078**	Community Health Group 91901-03, 91908-17, 91932-33, 91935, 91941-47, 91950-51, 91962-63, 91976-79, 91987, 91990, 92003, 92007-09, 92014, 92018-30, 92033, 92037-40, 92046, 92049, 92051-52, 92054-61, 92064-65, 92067-72, 92074-75, 92079, 92082-85, 92088, 92090-93, 92096, 92101-24, 92126-40, 92142-43, 92145, 92147, 92149-50, 92152-55, 92158-99, 92672	Denticare	VSP	\$4	\$8	\$6	\$12	\$18
C079	Community Health Group	Access Dental Plan	VSP	\$6	\$12	\$8	\$16	\$24
Other Combinations Available								
D212	Blue Cross-HMO	Access Dental Plan	VSP	\$7	\$14	\$9	\$18	\$27
D213	Blue Cross-HMO	Delta Dental	VSP	\$7	\$14	\$9	\$18	\$27
D214**	Blue Cross-HMO 91901-03, 91908-17, 91932-33, 91935, 91941-47, 91950-51, 91962-63, 91976-79, 91987, 91990, 92003, 92007-09, 92014, 92018-30, 92033, 92037-40, 92046, 92049, 92051-52, 92054-61, 92064-65, 92067-72, 92074-75, 92079, 92082-85, 92088, 92090-93, 92096, 92101-24, 92126-40, 92142-43, 92145, 92147, 92149-50, 92152-55, 92158-99, 92672	Denticare	VSP	\$7	\$14	\$9	\$18	\$27

SAN DIEGO

**Available in listed ZIP codes only.

*See page 16 of this handbook to determine if you pay a Category A- or B-level premium.

NOTE: Blue Shield HMO, Kern Family Health Care, and CalOPTIMA Kids offer two benefit plans. One includes elective abortion services. The other excludes elective abortions. To select the plan that does not include elective abortions, add an "N" to the end of the plan combination code.

PLAN COMBINATION CODE	Health Plan	DENTAL PLAN	VISION PLAN	INSURANCE PREMIUM*				
				CATEGORY A		CATEGORY B		
				1 CHILD	2 OR MORE	1 CHILD	2 CHILDREN	3 OR MORE
<i>Other Combinations Available (continued)</i>								
D215**	Blue Shield-HMO 91901-03, 91908-17, 91932-33, 91935, 91941-47, 91950-51, 91962-63, 91976-79, 91987, 91990, 92003, 92007-09, 92014, 92018-30, 92033, 92037-40, 92046, 92049, 92051-52, 92054-61, 92064-65, 92067-72, 92074-75, 92079, 92082-85, 92088, 92090-93, 92096, 92101-24, 92126-40, 92142-43, 92145, 92147, 92149-50, 92152-55, 92158-99, 92672	Denticare	VSP	\$7	\$14	\$9	\$18	\$27
D217**	Kaiser Permanente 91901-03, 91908-17, 91932-33, 91935, 91941-47, 91950-51, 91962-63, 91976-79, 91990, 92007-09, 92014, 92018-27, 92029-30, 92033, 92037-40, 92046, 92049, 92051-52, 92054-58, 92064-65, 92067-69, 92071-72, 92074-75, 92079, 92082-85, 92090-93, 92096, 92101-24, 92126-40, 92142-43, 92145, 92147, 92149-50, 92152-55, 92158-79, 92182, 92184, 92186-87, 92190-99	Denticare	VSP	\$7	\$14	\$9	\$18	\$27
D218	Sharp Health Plan	Access Dental Plan	VSP	\$7	\$14	\$9	\$18	\$27
D219**	Sharp Health Plan 91901-03, 91908-17, 91932-33, 91935, 91941-47, 91950-51, 91962-63, 91976-79, 91987, 91990, 92003, 92007-09, 92014, 92018-30, 92033, 92037-40, 92046, 92049, 92051- 52, 92054-61, 92064-65, 92067-72, 92074-75, 92079, 92082- 85, 92088, 92090-93, 92096, 92101-24, 92126-40, 92142-43, 92145, 92147, 92149-50, 92152-55, 92158-99, 92672	Denticare	VSP	\$7	\$14	\$9	\$18	\$27

SAN DIEGO (CONTINUED)

**Available in listed ZIP codes only.

*See page 16 of this handbook to determine if you pay a Category A- or B-level premium.

NOTE: Blue Shield HMO, Kern Family Health Care, and CalOPTIMA Kids offer two benefit plans. One includes elective abortion services. The other excludes elective abortions. To select the plan that does not include elective abortions, add an "N" to the end of the plan combination code.

PLAN COMBINATION CODE	Health Plan	DENTAL PLAN	VISION PLAN	INSURANCE PREMIUM*					SAN DIEGO (CONTINUED)
				CATEGORY A		CATEGORY B			
				1 CHILD	2 OR MORE	1 CHILD	2 CHILDREN	3 OR MORE	
Other Combinations Available (continued)									
D220**	Universal Care	Denticare	VSP	\$7	\$14	\$9	\$18	\$27	
	91901-03, 91908-17, 91932-33, 91935, 91941-47, 91950-51, 91962-63, 91976-79, 91987, 91990, 92003, 92007-09, 92014, 92018-30, 92033, 92037-40, 92046, 92049, 92051-52, 92054-61, 92064-65, 92067-72, 92074-75, 92079, 92082-85, 92088, 92090-93, 92096, 92101-24, 92126-40, 92142-43, 92145, 92147, 92149-50, 92152-55, 92158-99, 92672								

PLAN COMBINATION CODE	Health Plan	DENTAL PLAN	VISION PLAN	INSURANCE PREMIUM*					SAN FRANCISCO
				CATEGORY A		CATEGORY B			
				1 CHILD	2 OR MORE	1 CHILD	2 CHILDREN	3 OR MORE	
Community Provider Plan Combinations									
C080	San Francisco Health Plan	Denticare	VSP	\$4	\$8	\$6	\$12	\$18	
C081	San Francisco Health Plan	Delta Dental	VSP	\$5	\$10	\$7	\$14	\$21	
Other Combinations Available									
D221	Blue Cross-HMO	Delta Dental	VSP	\$7	\$14	\$9	\$18	\$27	
D222	Blue Cross-HMO	Denticare	VSP	\$7	\$14	\$9	\$18	\$27	
D223	Blue Shield-HMO	Denticare	VSP	\$7	\$14	\$9	\$18	\$27	

****Available in listed ZIP codes only.**

**See page 16 of this handbook to determine if you pay a Category A- or B-level premium.*

NOTE: Blue Shield HMO, Kern Family Health Care, and CalOPTIMA Kids offer two benefit plans. One includes elective abortion services. The other excludes elective abortions. To select the plan that does not include elective abortions, add an "N" to the end of the plan combination code.

PLAN COMBINATION CODE	Health Plan	DENTAL PLAN	VISION PLAN	INSURANCE PREMIUM*					SAN FRANCISCO (CONTINUED)
				CATEGORY A		CATEGORY B			
				1 CHILD	2 OR MORE	1 CHILD	2 CHILDREN	3 OR MORE	
<i>Other Combinations Available (continued)</i>									
D224	Health Net	Denticare	VSP	\$7	\$14	\$9	\$18	\$27	
D225**	Kaiser Permanente 94101-12, 94114-47, 94150-57, 94159-72, 94175, 94177, 94188	Denticare	VSP	\$7	\$14	\$9	\$18	\$27	

PLAN COMBINATION CODE	Health Plan	DENTAL PLAN	VISION PLAN	INSURANCE PREMIUM*					SAN JOAQUIN
				CATEGORY A		CATEGORY B			
				1 CHILD	2 OR MORE	1 CHILD	2 CHILDREN	3 OR MORE	
Community Provider Plan Combinations									
C082	Health Plan of San Joaquin	Access Dental Plan	VSP	\$4	\$8	\$6	\$12	\$18	
C083	Health Plan of San Joaquin	Delta Dental	VSP	\$4	\$8	\$6	\$12	\$18	
Other Combinations Available									
D226	Blue Cross-EPO	Access Dental Plan	VSP	\$7	\$14	\$9	\$18	\$27	
D227	Blue Cross-EPO	Delta Dental	VSP	\$7	\$14	\$9	\$18	\$27	
D228	Blue Shield-HMO	Access Dental Plan	VSP	\$7	\$14	\$9	\$18	\$27	
D229	Blue Shield-HMO	Delta Dental	VSP	\$7	\$14	\$9	\$18	\$27	

****Available in listed ZIP codes only.**

**See page 16 of this handbook to determine if you pay a Category A- or B-level premium.*

NOTE: Blue Shield HMO, Kern Family Health Care, and CalOPTIMA Kids offer two benefit plans. One includes elective abortion services. The other excludes elective abortions. To select the plan that does not include elective abortions, add an "N" to the end of the plan combination code.

PLAN COMBINATION CODE	Health Plan	DENTAL PLAN	VISION PLAN	INSURANCE PREMIUM*					SAN JOAQUIN (CONTINUED)
				CATEGORY A		CATEGORY B			
				1 CHILD	2 OR MORE	1 CHILD	2 CHILDREN	3 OR MORE	
Other Combinations Available (continued)									
D231	Health Net	Access Dental Plan	VSP	\$7	\$14	\$9	\$18	\$27	
D232	Health Net	Delta Dental	VSP	\$7	\$14	\$9	\$18	\$27	
D233	Kaiser Permanente	Access Dental Plan	VSP	\$7	\$14	\$9	\$18	\$27	
D234	Kaiser Permanente	Delta Dental	VSP	\$7	\$14	\$9	\$18	\$27	

PLAN COMBINATION CODE	Health Plan	DENTAL PLAN	VISION PLAN	INSURANCE PREMIUM*					SAN LUIS OBISPO
				CATEGORY A		CATEGORY B			
				1 CHILD	2 OR MORE	1 CHILD	2 CHILDREN	3 OR MORE	
Community Provider Plan Combinations									
C084	Health Net	Delta Dental	VSP	\$4	\$8	\$6	\$12	\$18	
C085	Health Net	Denticare	VSP	\$4	\$8	\$6	\$12	\$18	
Other Combinations Available									
D237	Blue Cross-EPO	Delta Dental	VSP	\$7	\$14	\$9	\$18	\$27	
D238	Blue Cross-EPO	Denticare	VSP	\$7	\$14	\$9	\$18	\$27	
D239	Blue Shield-HMO	Delta Dental	VSP	\$7	\$14	\$9	\$18	\$27	
D240	Blue Shield-HMO	Denticare	VSP	\$7	\$14	\$9	\$18	\$27	

*See page 16 of this handbook to determine if you pay a Category A- or B-level premium.

NOTE: Blue Shield HMO, Kern Family Health Care, and CalOPTIMA Kids offer two benefit plans. One includes elective abortion services. The other excludes elective abortions. To select the plan that does not include elective abortions, add an "N" to the end of the plan combination code.

PLAN COMBINATION CODE	Health Plan	DENTAL PLAN	VISION PLAN	INSURANCE PREMIUM*					SAN MATEO
				CATEGORY A		CATEGORY B			
				1 CHILD	2 OR MORE	1 CHILD	2 CHILDREN	3 OR MORE	
Community Provider Plan Combinations									
C086	Health Plan of San Mateo	Denticare	VSP	\$4	\$8	\$6	\$12	\$18	
Other Combinations Available									
D241	Blue Cross-EPO	Denticare	VSP	\$7	\$14	\$9	\$18	\$27	
D242	Blue Shield-HMO	Delta Dental	VSP	\$7	\$14	\$9	\$18	\$27	
D243	Blue Shield-HMO	Denticare	VSP	\$7	\$14	\$9	\$18	\$27	
D244	Health Net	Delta Dental	VSP	\$7	\$14	\$9	\$18	\$27	
D245	Health Net	Denticare	VSP	\$7	\$14	\$9	\$18	\$27	
D246	Kaiser Permanente	Delta Dental	VSP	\$7	\$14	\$9	\$18	\$27	
D247	Kaiser Permanente	Denticare	VSP	\$7	\$14	\$9	\$18	\$27	

PLAN COMBINATION CODE	Health Plan	DENTAL PLAN	VISION PLAN	INSURANCE PREMIUM*					SANTA BARBARA
				CATEGORY A		CATEGORY B			
				1 CHILD	2 OR MORE	1 CHILD	2 CHILDREN	3 OR MORE	
Community Provider Plan Combinations									
C087	Santa Barbara Health Authority	Delta Dental	VSP	\$4	\$8	\$6	\$12	\$18	

*See page 16 of this handbook to determine if you pay a Category A- or B-level premium.

NOTE: Blue Shield HMO, Kern Family Health Care, and CalOPTIMA Kids offer two benefit plans. One includes elective abortion services. The other excludes elective abortions. To select the plan that does not include elective abortions, add an "N" to the end of the plan combination code.

PLAN COMBINATION CODE	Health Plan	DENTAL PLAN	VISION PLAN	INSURANCE PREMIUM*				
				CATEGORY A		CATEGORY B		
				1 CHILD	2 OR MORE	1 CHILD	2 CHILDREN	3 OR MORE
Community Provider Plan Combinations (continued)								
C088**	Santa Barbara Health Authority 93013-14, 93067, 93101-03, 93105-11, 93116-18, 93120-21, 93130, 93140, 93150, 93160, 93190, 93199, 93427, 93429, 93434, 93436-38, 93440-41, 93454-57, 93460, 93463-64	Dentcare	VSP	\$4	\$8	\$6	\$12	\$18
Other Combinations Available								
D248**	Blue Cross-EPO 93013-14, 93067, 93101-03, 93105-11, 93116-18, 93120-21, 93130, 93140, 93150, 93160, 93190, 93199, 93427, 93429, 93434, 93436-38, 93440-41, 93454-57, 93460, 93463-64	Dentcare	VSP	\$7	\$14	\$9	\$18	\$27
D249	Blue Shield-HMO	Delta Dental	VSP	\$7	\$14	\$9	\$18	\$27
D250**	Blue Shield-HMO 93013-14, 93067, 93101-03, 93105-11, 93116-18, 93120-21, 93130, 93140, 93150, 93160, 93190, 93199, 93427, 93429, 93434, 93436-38, 93440-41, 93454-57, 93460, 93463-64	Dentcare	VSP	\$7	\$14	\$9	\$18	\$27
D251**	Health Net 93013-14, 93067, 93101-03, 93105-11, 93116-18, 93120-21, 93130, 93140, 93150, 93160, 93190, 93199, 93427, 93429, 93434, 93436-38, 93440-41, 93454-57, 93460, 93463-64	Dentcare	VSP	\$7	\$14	\$9	\$18	\$27
D252	United HealthCare	Delta Dental	VSP	\$7	\$14	\$9	\$18	\$27
D253**	United HealthCare 93013-14, 93067, 93101-03, 93105-11, 93116-18, 93120-21, 93130, 93140, 93150, 93160, 93190, 93199, 93427, 93429, 93434, 93436-38, 93440-41, 93454-57, 93460, 93463-64	Dentcare	VSP	\$7	\$14	\$9	\$18	\$27
**Available in listed ZIP codes only.								

SANTA BARBARA (CONTINUED)

Insurance Plan Combinations by County and Insurance Premium

*See page 16 of this handbook to determine if you pay a Category A- or B-level premium.

NOTE: Blue Shield HMO, Kern Family Health Care, and CalOPTIMA Kids offer two benefit plans. One includes elective abortion services. The other excludes elective abortions. To select the plan that does not include elective abortions, add an "N" to the end of the plan combination code.

PLAN COMBINATION CODE	Health Plan	DENTAL PLAN	VISION PLAN	INSURANCE PREMIUM*					SANTA CLARA
				CATEGORY A		CATEGORY B			
				1 CHILD	2 OR MORE	1 CHILD	2 CHILDREN	3 OR MORE	
Community Provider Plan Combinations									
C089**	Santa Clara Family Health Plan 94022, 95014, 95035, 95050, 95070, 95118, 95132	Access Dental Plan	VSP	\$4	\$8	\$6	\$12	\$18	
C090	Santa Clara Family Health Plan	Delta Dental	VSP	\$4	\$8	\$6	\$12	\$18	
C091	Santa Clara Family Health Plan	Denticare	VSP	\$4	\$8	\$6	\$12	\$18	
Other Combinations Available									
D254**	Blue Cross-HMO 94022, 95014, 95035, 95050, 95070, 95118, 95132	Access Dental Plan	VSP	\$7	\$14	\$9	\$18	\$27	
D255	Blue Cross-HMO	Delta Dental	VSP	\$7	\$14	\$9	\$18	\$27	
D256	Blue Cross-HMO	Denticare	VSP	\$7	\$14	\$9	\$18	\$27	
D257	Kaiser Permanente	Denticare	VSP	\$7	\$14	\$9	\$18	\$27	
**Available in listed ZIP codes only.									

****Available in listed ZIP codes only.**

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NOTE: Blue Shield HMO, Kern Family Health Care, and CalOPTIMA Kids offer two benefit plans. One includes elective abortion services. The other excludes elective abortions. To select the plan that does not include elective abortions, add an “N” to the end of the plan combination code.

PLAN COMBINATION CODE	Health Plan	DENTAL PLAN	VISION PLAN	INSURANCE PREMIUM*				
				CATEGORY A		CATEGORY B		
				1 CHILD	2 OR MORE	1 CHILD	2 CHILDREN	3 OR MORE
Community Provider Plan Combinations								
C128	Santa Cruz County Health Options	Delta Dental	VSP	\$4	\$8	\$6	\$12	\$18
C092**	Santa Cruz County Health Options 95001, 95003, 95005-07, 95010, 95018-19, 95041, 95061-67, 95073, 95076-77	Denticare	VSP	\$4	\$8	\$6	\$12	\$18
C093**	Santa Cruz County Health Options 95003, 95019, 95076	Access Dental Plan	VSP	\$4	\$8	\$6	\$12	\$18
Other Combinations Available								
D258**	Blue Cross-EPO 95003, 95019, 95076	Access Dental Plan	VSP	\$7 \$7	\$14 \$14	\$9 \$9	\$18 \$18	\$27 \$27
D259	Blue Cross-EPO	Delta Dental	VSP	\$7	\$14	\$9	\$18	\$27
D260**	Blue Cross-EPO 95001, 95003, 95005-07, 95010, 95018-19, 95041 95061-67, 95073, 95076-77	Denticare	VSP	\$7	\$14	\$9	\$18	\$27
D261**	Blue Shield-HMO 95003, 95019, 95076	Access Dental Plan	VSP	\$7	\$14	\$9	\$18	\$27
D262	Blue Shield-HMO	Delta Dental	VSP	\$7	\$14	\$9	\$18	\$27
**Available in listed ZIP codes only.								

SANTA CRUZ

SANTA CRUZ

Insurance Plan Combinations by County and Insurance Premium

*See page 16 of this handbook to determine if you pay a Category A- or B-level premium.

NOTE: Blue Shield HMO, Kern Family Health Care, and CalOPTIMA Kids offer two benefit plans. One includes elective abortion services. The other excludes elective abortions. To select the plan that does not include elective abortions, add an "N" to the end of the plan combination code.

PLAN COMBINATION CODE	Health Plan	DENTAL PLAN	VISION PLAN	INSURANCE PREMIUM*					SANTA CRUZ (CONTINUED)
				CATEGORY A		CATEGORY B			
				1 CHILD	2 OR MORE	1 CHILD	2 CHILDREN	3 OR MORE	
Other Combinations Available									
D263**	Blue Shield-HMO 95001, 95003, 95005-07, 95010, 95018-19, 95041 95061-67, 95073, 95076-77	Denticare	VSP	\$7	\$14	\$9	\$18	\$27	
D264**	Health Net 95003, 95019, 95076	Access Dental Plan	VSP	\$7	\$14	\$9	\$18	\$27	
D265	Health Net	Delta Dental	VSP	\$7	\$14	\$9	\$18	\$27	
D266**	Health Net 95001, 95003, 95005-07, 95010, 95018-19, 95041 95061-67, 95073, 95076-77	Denticare	VSP	\$7	\$14	\$9	\$18	\$27	

PLAN COMBINATION CODE	Health Plan	DENTAL PLAN	VISION PLAN	INSURANCE PREMIUM*					SHASTA
				CATEGORY A		CATEGORY B			
				1 CHILD	2 OR MORE	1 CHILD	2 CHILDREN	3 OR MORE	
Community Provider Plan Combinations									
C094**	Blue Cross-EPO 96001-03	Access Dental Plan	VSP	\$4	\$8	\$6	\$12	\$18	
C095	Blue Cross-EPO	Delta Dental	VSP	\$4	\$8	\$6	\$12	\$18	

****Available in listed ZIP codes only.**

**See page 16 of this handbook to determine if you pay a Category A- or B-level premium.*

NOTE: Blue Shield HMO, Kern Family Health Care, and CalOPTIMA Kids offer two benefit plans. One includes elective abortion services. The other excludes elective abortions. To select the plan that does not include elective abortions, add an "N" to the end of the plan combination code.

PLAN COMBINATION CODE	Health Plan	DENTAL PLAN	VISION PLAN	INSURANCE PREMIUM*				
				CATEGORY A		CATEGORY B		
				1 CHILD	2 OR MORE	1 CHILD	2 CHILDREN	3 OR MORE
Community Provider Plan Combinations								
C096**	Blue Cross-EPO 96001-03, 96007, 96019, 96022, 96033, 96047, 96049, 96062, 96069, 96073, 96079, 96087, 96089, 96095, 96099	Denticare	VSP	\$4	\$8	\$6	\$12	\$18
Other Combinations Available								
D267**	Blue Shield-HMO 96001-03	Access Dental Plan	VSP	\$7	\$14	\$9	\$18	\$27
D268	Blue Shield-HMO	Delta Dental	VSP	\$7	\$14	\$9	\$18	\$27
D269**	Blue Shield-HMO 96001-03, 96007, 96019, 96022, 96033, 96047, 96049, 96062, 96069, 96073, 96079, 96087, 96089, 96095, 96099	Denticare	VSP	\$7	\$14	\$9	\$18	\$27
D273**	Health Net 96001-03	Access Dental Plan	VSP	\$7	\$14	\$9	\$18	\$27
D274	Health Net	Delta Dental	VSP	\$7	\$14	\$9	\$18	\$27
D275**	Health Net 96001-03, 96007, 96019, 96022, 96033, 96047, 96049, 96062, 96069, 96073, 96079, 96087, 96089, 96095, 96099	Denticare	VSP	\$7	\$14	\$9	\$18	\$27

SHASTA (CONTINUED)

**Available in listed ZIP codes only.

*See page 16 of this handbook to determine if you pay a Category A- or B-level premium.

NOTE: Blue Shield HMO, Kern Family Health Care, and CalOPTIMA Kids offer two benefit plans. One includes elective abortion services. The other excludes elective abortions. To select the plan that does not include elective abortions, add an "N" to the end of the plan combination code.

PLAN COMBINATION CODE	Health Plan	DENTAL PLAN	VISION PLAN	INSURANCE PREMIUM*					SIERRA
				CATEGORY A		CATEGORY B			
				1 CHILD	2 OR MORE	1 CHILD	2 CHILDREN	3 OR MORE	
Community Provider Plan Combinations									
C097	Blue Cross-EPO	Delta Dental	VSP	\$4	\$8	\$6	\$12	\$18	
C098	Blue Cross-EPO	Premier Access	VSP	\$4	\$8	\$6	\$12	\$18	

*See page 16 of this handbook to determine if you pay a Category A- or B-level premium.

NOTE: Blue Shield HMO, Kern Family Health Care, and CalOPTIMA Kids offer two benefit plans. One includes elective abortion services. The other excludes elective abortions. To select the plan that does not include elective abortions, add an “N” to the end of the plan combination code.

PLAN COMBINATION CODE	Health Plan	DENTAL PLAN	VISION PLAN	INSURANCE PREMIUM*					SISKIYOU
				CATEGORY A		CATEGORY B			
				1 CHILD	2 OR MORE	1 CHILD	2 CHILDREN	3 OR MORE	
Community Provider Plan Combinations									
C099	Blue Cross-EPO	Delta Dental	VSP	\$4	\$8	\$6	\$12	\$18	
C100	Blue Cross-EPO	Premier Access	VSP	\$4	\$8	\$6	\$12	\$18	

PLAN COMBINATION CODE	Health Plan	DENTAL PLAN	VISION PLAN	INSURANCE PREMIUM*					SOLANO
				CATEGORY A		CATEGORY B			
				1 CHILD	2 OR MORE	1 CHILD	2 CHILDREN	3 OR MORE	
Community Provider Plan Combinations									
C101	Partnership Health Plan	Denticare	VSP	\$4	\$8	\$6	\$12	\$18	
C102	Partnership Health Plan	Access Dental Plan	VSP	\$5	\$10	\$7	\$14	\$21	
Other Combinations Available									
D280	Blue Cross-EPO	Access Dental Plan	VSP	\$7	\$14	\$9	\$18	\$27	
D281	Blue Cross-EPO	Delta Dental	VSP	\$7	\$14	\$9	\$18	\$27	
D282	Blue Cross-EPO	Denticare	VSP	\$7	\$14	\$9	\$18	\$27	
D283	Blue Shield-HMO	Access Dental Plan	VSP	\$7	\$14	\$9	\$18	\$27	
D284	Blue Shield-HMO	Delta Dental	VSP	\$7	\$14	\$9	\$18	\$27	
D285	Blue Shield-HMO	Denticare	VSP	\$7	\$14	\$9	\$18	\$27	

*See page 16 of this handbook to determine if you pay a Category A- or B-level premium.

NOTE: Blue Shield HMO, Kern Family Health Care, and CalOPTIMA Kids offer two benefit plans. One includes elective abortion services. The other excludes elective abortions. To select the plan that does not include elective abortions, add an "N" to the end of the plan combination code.

				INSURANCE PREMIUM*					SOLANO (CONTINUED)
				CATEGORY A		CATEGORY B			
PLAN COMBINATION CODE	Health Plan	DENTAL PLAN	VISION PLAN	1 CHILD	2 OR MORE	1 CHILD	2 CHILDREN	3 OR MORE	
Other Combinations Available (continued)									
D287	Health Net	Access Dental Plan	VSP	\$7	\$14	\$9	\$18	\$27	
D288	Health Net	Delta Dental	VSP	\$7	\$14	\$9	\$18	\$27	
D289	Health Net	Denticare	VSP	\$7	\$14	\$9	\$18	\$27	
D290	Kaiser Permanente	Access Dental Plan	VSP	\$7	\$14	\$9	\$18	\$27	
D291	Kaiser Permanente	Delta Dental	VSP	\$7	\$14	\$9	\$18	\$27	
D292	Kaiser Permanente	Denticare	VSP	\$7	\$14	\$9	\$18	\$27	

PLAN COMBINATION CODE	Health Plan	DENTAL PLAN	VISION PLAN	INSURANCE PREMIUM*					SONOMA
				CATEGORY A		CATEGORY B			
				1 CHILD	2 OR MORE	1 CHILD	2 CHILDREN	3 OR MORE	
Community Provider Plan Combinations									
C103	Health Net	Delta Dental	VSP	\$4	\$8	\$6	\$12	\$18	
C104**	Health Net	Denticare	VSP	\$4	\$8	\$6	\$12	\$18	
	94922, 94926-28, 94931, 94951-55, 94972, 94975, 94999, 95373, 95401-09, 95416, 95419, 95430-31, 95433, 95436, 95439, 95441-42, 95444, 95446, 95448, 95450, 95452, 95462, 95465, 95471-73, 95476, 95486-87, 95492								

****Available in listed ZIP codes only.**

**See page 16 of this handbook to determine if you pay a Category A- or B-level premium.*

NOTE: Blue Shield HMO, Kern Family Health Care, and CalOPTIMA Kids offer two benefit plans. One includes elective abortion services. The other excludes elective abortions. To select the plan that does not include elective abortions, add an "N" to the end of the plan combination code.

PLAN COMBINATION CODE	Health Plan	DENTAL PLAN	VISION PLAN	INSURANCE PREMIUM*				
				CATEGORY A		CATEGORY B		
				1 CHILD	2 OR MORE	1 CHILD	2 CHILDREN	3 OR MORE
Other Combinations Available								
D293	Blue Cross-EPO	Delta Dental	VSP	\$7	\$14	\$9	\$18	\$27
D294**	Blue Cross-EPO 94922, 94926-28, 94931, 94951-55, 94972, 94975, 94999, 95373, 95401-09, 95416, 95419, 95430-31, 95433, 95436, 95439, 95441-42, 95444, 95446, 95448, 95450, 95452, 95462, 95465, 95471-73, 95476, 95486-87, 95492	Denticare	VSP	\$7	\$14	\$9	\$18	\$27
D295	Blue Shield-HMO	Delta Dental	VSP	\$7	\$14	\$9	\$18	\$27
D296**	Blue Shield-HMO 94922, 94926-28, 94931, 94951-55, 94972, 94975, 94999, 95373, 95401-09, 95416, 95419, 95430-31, 95433, 95436, 95439, 95441-42, 95444, 95446, 95448, 95450, 95452, 95462, 95465, 95471-73, 95476, 95486-87, 95492	Denticare	VSP	\$7	\$14	\$9	\$18	\$27
D298	Kaiser Permanente	Delta Dental	VSP	\$7	\$14	\$9	\$18	\$27
D299**	Kaiser Permanente 94922, 94926-28, 94931, 94951-55, 94972, 94975, 94999, 95373, 95401-09, 95416, 95419, 95430-31, 95433, 95436, 95439, 95441-42, 95444, 95446, 95448, 95450, 95452, 95462, 95465, 95471-73, 95476, 95486-87, 95492	Denticare	VSP	\$7	\$14	\$9	\$18	\$27
**Available in listed ZIP codes only.								

SONOMA (CONTINUED)

****Available in listed ZIP codes only.**

SONOMA (CONTINUED)

Insurance Plan Combinations by County and Insurance Premium

**See page 16 of this handbook to determine if you pay a Category A- or B-level premium.*

NOTE: Blue Shield HMO, Kern Family Health Care, and CalOPTIMA Kids offer two benefit plans. One includes elective abortion services. The other excludes elective abortions. To select the plan that does not include elective abortions, add an "N" to the end of the plan combination code.

PLAN COMBINATION CODE	Health Plan	DENTAL PLAN	VISION PLAN	INSURANCE PREMIUM*						STANISLAUS
				CATEGORY A		CATEGORY B				
				1 CHILD	2 OR MORE	1 CHILD	2 CHILDREN	3 OR MORE		
Community Provider Plan Combinations										
C105	Blue Cross-HMO	Access Dental Plan	VSP	\$4	\$8	\$6	\$12	\$18		
C106	Blue Cross-HMO	Delta Dental	VSP	\$4	\$8	\$6	\$12	\$18		
Other Combinations Available										
D359	Blue Shield-HMO	Access Dental Plan	VSP	\$7	\$14	\$9	\$18	\$27		

*See page 16 of this handbook to determine if you pay a Category A- or B-level premium.

NOTE: Blue Shield HMO, Kern Family Health Care, and CalOPTIMA Kids offer two benefit plans. One includes elective abortion services. The other excludes elective abortions. To select the plan that does not include elective abortions, add an "N" to the end of the plan combination code.

PLAN COMBINATION CODE	Health Plan	DENTAL PLAN	VISION PLAN	INSURANCE PREMIUM*					SUTTER
				CATEGORY A		CATEGORY B			
				1 CHILD	2 OR MORE	1 CHILD	2 CHILDREN	3 OR MORE	
Community Provider Plan Combinations									
C108	Blue Cross-EPO	Access Dental Plan	VSP	\$4	\$8	\$6	\$12	\$18	
C109	Blue Cross-EPO	Delta Dental	VSP	\$4	\$8	\$6	\$12	\$18	
Other Combinations Available									
D305	Health Net	Access Dental Plan	VSP	\$7	\$14	\$9	\$18	\$27	
D306	Health Net	Delta Dental	VSP	\$7	\$14	\$9	\$18	\$27	

PLAN COMBINATION CODE	Health Plan	DENTAL PLAN	VISION PLAN	INSURANCE PREMIUM*						TEHAMA
				CATEGORY A		CATEGORY B				
				1 CHILD	2 OR MORE	1 CHILD	2 CHILDREN	3 OR MORE		
Community Provider Plan Combinations										
C110	Blue Cross-EPO	Delta Dental	VSP	\$4	\$8	\$6	\$12	\$18		
C111	Blue Cross-EPO	Premier Access	VSP	\$4	\$8	\$6	\$12	\$18		
Other Combinations Available										
D309**	Health Net 96021, 96055, 96090, 96092	Delta Dental	VSP	\$7	\$14	\$9	\$18	\$27		
D310**	Health Net 96021, 96055, 96090, 96092	Premier Access	VSP	\$7	\$14	\$9	\$18	\$27		
**Available in listed ZIP codes only.										

**Available in listed ZIP codes only.

*See page 16 of this handbook to determine if you pay a Category A- or B-level premium.

NOTE: Blue Shield HMO, Kern Family Health Care, and CalOPTIMA Kids offer two benefit plans. One includes elective abortion services. The other excludes elective abortions. To select the plan that does not include elective abortions, add an "N" to the end of the plan combination code.

PLAN COMBINATION CODE	Health Plan	DENTAL PLAN	VISION PLAN	INSURANCE PREMIUM*					TOULOMNE
				CATEGORY A		CATEGORY B			
				1 CHILD	2 OR MORE	1 CHILD	2 CHILDREN	3 OR MORE	
Community Provider Plan Combinations									
C117	Blue Cross-EPO	Delta Dental	VSP	\$4	\$8	\$6	\$12	\$18	
C118	Blue Cross-EPO	Premier Access	VSP	\$4	\$8	\$6	\$12	\$18	
Other Combinations Available									
D324	Health Net	Delta Dental	VSP	\$7	\$14	\$9	\$18	\$27	
D325	Health Net	Premier Access	VSP	\$7	\$14	\$9	\$18	\$27	
**Available in listed ZIP codes only.									

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NOTE: Blue Shield HMO, Kern Family Health Care, and CalOPTIMA Kids offer two benefit plans. One includes elective abortion services. The other excludes elective abortions. To select the plan that does not include elective abortions, add an "N" to the end of the plan combination code.

PLAN COMBINATION CODE	Health Plan	DENTAL PLAN	VISION PLAN	INSURANCE PREMIUM*					TRINITY
				CATEGORY A		CATEGORY B			
				1 CHILD	2 OR MORE	1 CHILD	2 CHILDREN	3 OR MORE	
Community Provider Plan Combinations									
C112	Blue Cross-EPO	Delta Dental	VSP	\$4	\$8	\$6	\$12	\$18	
C113	Blue Cross-EPO	Premier Access	VSP	\$4	\$8	\$6	\$12	\$18	
Other Combinations Available									
D311	Blue Shield-HMO	Delta Dental	VSP	\$7	\$14	\$9	\$18	\$27	
D312	Blue Shield-HMO	Premier Access	VSP	\$7	\$14	\$9	\$18	\$27	

PLAN COMBINATION CODE	Health Plan	DENTAL PLAN	VISION PLAN	INSURANCE PREMIUM*					TULARE
				CATEGORY A		CATEGORY B			
				1 CHILD	2 OR MORE	1 CHILD	2 CHILDREN	3 OR MORE	
Community Provider Plan Combinations									
C114**	Health Net 93223, 93235, 93277-78, 93291-92, 93618	Access Dental Plan	VSP	\$4	\$8	\$6	\$12	\$18	
C115	Health Net	Delta Dental	VSP	\$4	\$8	\$6	\$12	\$18	
C116**	Health Net 93207-08, 93218-19, 93221, 93223, 93227, 93235, 93244, 93247, 93256-58, 93261, 93265, 93267, 93270, 93274-75 93277-79,93286, 93291-92, 93615, 93618, 93631, 93646-47, 93666, 93670, 93673	Denticare	VSP	\$4	\$8	\$6	\$12	\$18	

**Available in listed ZIP codes only.

*See page 16 of this handbook to determine if you pay a Category A- or B-level premium.

NOTE: Blue Shield HMO, Kern Family Health Care, and CalOPTIMA Kids offer two benefit plans. One includes elective abortion services. The other excludes elective abortions. To select the plan that does not include elective abortions, add an "N" to the end of the plan combination code.

PLAN COMBINATION CODE	Health Plan	DENTAL PLAN	VISION PLAN	INSURANCE PREMIUM*				
				CATEGORY A		CATEGORY B		
				1 CHILD	2 OR MORE	1 CHILD	2 CHILDREN	3 OR MORE
Other Combinations Available								
D315**	Blue Cross-EPO 93223, 93235, 93277-78, 93291-92, 93618	Access Dental Plan	VSP	\$7	\$14	\$9	\$18	\$27
				\$7	\$14	\$9	\$18	\$27
D316	Blue Cross-EPO	Delta Dental	VSP	\$7	\$14	\$9	\$18	\$27
D317**	Blue Cross-EPO 93207-08, 93218-19, 93221, 93223, 93227, 93235, 93244, 93247, 93256-58, 93261, 93265, 93267, 93270, 93274-75 93277-79,93286, 93291-92, 93615, 93618, 93631, 93646- 47, 93666, 93670, 93673	Denticare	VSP	\$7	\$14	\$9	\$18	\$27
D318**	Blue Shield-HMO 93223, 93235, 93277-78, 93291-92, 93618	Access Dental Plan	VSP	\$7	\$14	\$9	\$18	\$27
D319**	Blue Shield-HMO 93201, 93219, 93221, 93223, 93227, 93235, 93237, 93244, 93247, 93256, 93261-62, 93271-72, 93274-75, 93277-79, 93282, 93286, 93291-92, 93615, 93618, 93647, 93666, 93670, 93673	Delta Dental	VSP	\$7	\$14	\$9	\$18	\$27
D320**	Blue Shield-HMO 93219, 93221, 93223, 93227, 93235, 93244, 93247, 93256, 93261, 93274-75, 93277-79,93286, 93291-92, 93615, 93618, 93647, 93666, 93670, 93673	Denticare	VSP	\$7	\$14	\$9	\$18	\$27
**Available in listed ZIP codes only.								

TULARE (CONTINUED)

TULARE (CONTINUED)

*See page 16 of this handbook to determine if you pay a Category A- or B-level premium.

NOTE: Blue Shield HMO, Kern Family Health Care, and CalOPTIMA Kids offer two benefit plans. One includes elective abortion services. The other excludes elective abortions. To select the plan that does not include elective abortions, add an "N" to the end of the plan combination code.

PLAN COMBINATION CODE	Health Plan	DENTAL PLAN	VISION PLAN	INSURANCE PREMIUM*				
				CATEGORY A		CATEGORY B		
				1 CHILD	2 OR MORE	1 CHILD	2 CHILDREN	3 OR MORE
Community Provider Plan Combinations								
C119	Ventura County Health Care Plan	Access Dental Plan	VSP	\$4	\$8	\$6	\$12	\$18
C120	Ventura County Health Care Plan	Delta Dental	VSP	\$4	\$8	\$6	\$12	\$18
C121	Ventura County Health Care Plan	Denticare	VSP	\$4	\$8	\$6	\$12	\$18
Other Combinations Available								
D327	Blue Cross-EPO	Denticare	VSP	\$7	\$14	\$9	\$18	\$27
D328	Blue Shield-HMO	Access Dental Plan	VSP	\$7	\$14	\$9	\$18	\$27
D329	Blue Shield-HMO	Denticare	VSP	\$7	\$14	\$9	\$18	\$27
D331	Health Net	Denticare	VSP	\$7	\$14	\$9	\$18	\$27
D332	United HealthCare	Access Dental Plan	VSP	\$7	\$14	\$9	\$18	\$27

VENTURA

Insurance Plan Combinations by County and Insurance Premium

*See page 16 of this handbook to determine if you pay a Category A- or B-level premium.

NOTE: Blue Shield HMO, Kern Family Health Care, and CalOPTIMA Kids offer two benefit plans. One includes elective abortion services. The other excludes elective abortions. To select the plan that does not include elective abortions, add an "N" to the end of the plan combination code.

PLAN COMBINATION CODE	Health Plan	DENTAL PLAN	VISION PLAN	INSURANCE PREMIUM*					VENTURA (CONTINUED)
				CATEGORY A		CATEGORY B			
				1 CHILD	2 OR MORE	1 CHILD	2 CHILDREN	3 OR MORE	
Other Combinations Available (continued)									
D333	United HealthCare	Denticare	VSP	\$7	\$14	\$9	\$18	\$27	
D334**	Universal Care 91360, 91362, 93062-63, 93065	Access Dental Plan	VSP	\$7	\$14	\$9	\$18	\$27	
D335**	Universal Care 91360, 91362, 93062-63, 93065	Delta Dental	VSP	\$7	\$14	\$9	\$18	\$27	
D336**	Universal Care 91360, 91362, 93062-63, 93065	Denticare	VSP	\$7	\$14	\$9	\$18	\$27	
**Available in listed ZIP codes only.									

*See page 16 of this handbook to determine if you pay a Category A- or B-level premium.

NOTE: Blue Shield HMO, Kern Family Health Care, and CalOPTIMA Kids offer two benefit plans. One includes elective abortion services. The other excludes elective abortions. To select the plan that does not include elective abortions, add an "N" to the end of the plan combination code.

PLAN COMBINATION CODE	Health Plan	DENTAL PLAN	VISION PLAN	INSURANCE PREMIUM*					YOLO
				CATEGORY A		CATEGORY B			
				1 CHILD	2 OR MORE	1 CHILD	2 CHILDREN	3 OR MORE	
Community Provider Plan Combinations									
C122	Health Net	Delta Dental	VSP	\$4	\$8	\$6	\$12	\$18	
C123**	Health Net 95605, 95612, 95616-18, 95645, 95691, 95694-95, 95776, 95798-99	Denticare	VSP	\$4	\$8	\$6	\$12	\$18	
Other Combinations Available									
D337	Blue Cross-EPO	Delta Dental	VSP	\$7	\$14	\$9	\$18	\$27	
D338**	Blue Cross-EPO 95605, 95612, 95616-18, 95645, 95691, 95694-95, 95776, 95798-99	Denticare	VSP	\$7	\$14	\$9	\$18	\$27	
D339	Blue Shield-HMO	Delta Dental	VSP	\$7	\$14	\$9	\$18	\$27	
**Available in listed ZIP codes only.									

****Available in listed ZIP codes only.**

**See page 16 of this handbook to determine if you pay a Category A- or B-level premium.*

NOTE: Blue Shield HMO, Kern Family Health Care, and CalOPTIMA Kids offer two benefit plans. One includes elective abortion services. The other excludes elective abortions. To select the plan that does not include elective abortions, add an "N" to the end of the plan combination code.

PLAN COMBINATION CODE	Health Plan	DENTAL PLAN	VISION PLAN	INSURANCE PREMIUM*					YOLO (CONTINUED)
				CATEGORY A		CATEGORY B			
				1 CHILD	2 OR MORE	1 CHILD	2 CHILDREN	3 OR MORE	
Other Combinations Available (continued)									
D340**	Blue Shield-HMO 95605, 95612, 95616-18, 95645, 95691, 95694-95, 95776, 95798-99	Denticare	VSP	\$7	\$14	\$9	\$18	\$27	
D343**	Kaiser Permanente 95605, 95607, 95612, 95616-18, 95645, 95691, 95694-95, 95697-98, 95776, 95798-99	Delta Dental	VSP	\$7	\$14	\$9	\$18	\$27	
D344**	Kaiser Permanente 95605, 95612, 95616-18, 95645, 95691, 95694-95, 95776, 95798-99	Denticare	VSP	\$7	\$14	\$9	\$18	\$27	
**Available in listed ZIP codes only.									

****Available in listed ZIP codes only.**

**See page 16 of this handbook to determine if you pay a Category A- or B-level premium.*

NOTE: Blue Shield HMO, Kern Family Health Care, and CalOPTIMA Kids offer two benefit plans. One includes elective abortion services. The other excludes elective abortions. To select the plan that does not include elective abortions, add an “N” to the end of the plan combination code.

PLAN COMBINATION CODE	Health Plan	DENTAL PLAN	VISION PLAN	INSURANCE PREMIUM*					YUBA
				CATEGORY A		CATEGORY B			
				1 CHILD	2 OR MORE	1 CHILD	2 CHILDREN	3 OR MORE	
Community Provider Plan Combinations									
C131	Blue Cross-EPO	Access Dental Plan	VSP	\$4	\$8	\$6	\$12	\$18	
C132	Blue Cross-EPO	Delta Dental	VSP	\$4	\$8	\$6	\$12	\$18	
C133**	Blue Cross-EPO 95692, 95901, 95903, 95918, 95922, 95925, 95935, 95961-62, 95981	Denticare	VSP	\$4	\$8	\$6	\$12	\$18	
Other Combinations Available									
D347	Blue Cross-EPO	Access Dental Plan		\$7	\$14	\$9	\$18	\$27	
D348	Blue Cross-EPO	Delta Dental		\$7	\$14	\$9	\$18	\$27	
D349**	Blue Cross-EPO 95692, 95901, 95903, 95918, 95922, 95925, 95935, 95961-62, 95981	Denticare		\$7	\$14	\$9	\$18	\$27	
D350	Health Net	Access Dental Plan	VSP	\$7	\$14	\$9	\$18	\$27	
D351	Health Net	Delta Dental	VSP	\$7	\$14	\$9	\$18	\$27	
D352**	Health Net 95692, 95901, 95903, 95918, 95922, 95925, 95935, 95961-62, 95981	Denticare	VSP	\$7	\$14	\$9	\$18	\$27	

****Available in listed ZIP codes only.**

**See page 16 of this handbook to determine if you pay a Category A- or B-level premium.*

NOTE: Blue Shield HMO, Kern Family Health Care, and CalOPTIMA Kids offer two benefit plans. One includes elective abortion services. The other excludes elective abortions. To select the plan that does not include elective abortions, add an "N" to the end of the plan combination code.

Answers To Commonly Asked Questions About Health Plans

The information on this chart was provided by each plan. For more information, see the plan descriptions in this Handbook.	Alameda Alliance for Health	American Family Care	Blue Cross EPO	Blue Cross HMO
Are all members required to have a primary care physician (PCP)?	Yes	Yes	No	Yes
Must my children get a referral from a PCP before going to a specialist?	Yes	Yes	No	Yes
How many times can members change their PCP in one benefit year?	12	12	N/A	12
Does the plan offer a prescription drug mail-in program?	No	No	Yes	Yes
Does the plan ask me to substitute generic for brand name drugs, except when medically necessary?	Yes	Yes	Yes	Yes
Does the plan provide the following optional benefits:				
• Biofeedback	Yes	No	Yes	No
• Acupuncture	Yes	No	Yes	No
• Chiropractic	Yes	No	Yes	No
• More than 20 outpatient alcohol and drug visits per benefit year	No	Yes	No	No
• More than 20 outpatient mental health visits per benefit year	Yes	Yes	No	No
• Elective abortions	Yes	Yes	Yes	Yes
Health Plan Statistics:				
Total number of CA members**	67,925	118,117	2,694,000	284,000
What types of specialists are offered as PCPs in this plan?				
• General Practice	Yes	Yes	N/A	Yes
• Family Practice	Yes	Yes	N/A	Yes
• Pediatrician	Yes	Yes	N/A	Yes
• OB/GYN	Yes	Yes	N/A	No
• Internal Medicine	Yes	No	N/A	No
Other:				
• Quality Accreditations (NCQA/JCAHO)?	No	No	No	Yes NCQA
• Number of years accredited?	N/A	N/A	N/A	1 year
• Does the plan require its members to use Binding Arbitration to resolve disputes?***	No	Yes (includes medical malpractice)	Yes (excludes medical malpractice)	Yes (excludes medical malpractice)

*This insurance plan offers two benefit plans. One includes elective abortions. Another excludes elective abortions.

**This number represents the insurance plan's entire network as of January 1, 1998.

***To get additional information about each insurance plan's dispute resolution provisions, call the plan or refer to the plan's Disclosure Form and Evidence of Coverage booklet, which is available upon request from each health plan.

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Answers To Commonly Asked Questions About Health Plans (continued)

The information on this chart was provided by each plan.

For more information, see the plan descriptions in this Handbook.

	Blue Shield HMO	CalOPTIMA Kids	Community Health Group (San Diego)
Are all members required to have a primary care physician (PCP)?	Yes	Yes	Yes
Must my children get a referral from a PCP before going to a specialist?	Yes	Yes	Yes
How many times can members change their PCP in one benefit year?	12	12	12
Does the plan offer a prescription drug mail-in program?	Yes	No	Yes
Does the plan ask me to substitute generic for brand name drugs, except when medically necessary?	Yes	Yes	Yes
Does the plan provide the following optional benefits:			
• Biofeedback	No	No	No
• Acupuncture	No	Yes	Yes
• Chiropractic	No	Yes	Yes
• More than 20 outpatient alcohol and drug visits per benefit year	No	No	No
• More than 20 outpatient mental health visits per benefit year	No	No	No
• Elective abortions	Yes/No*	Yes/No*	Yes
Health Plan Statistics:			
Total number of CA members**	496,235	206,925	51,391
What types of specialists are offered as PCPs in this plan?			
• General Practice	Yes	Yes	Yes
• Family Practice	Yes	Yes	Yes
• Pediatrician	Yes	Yes	Yes
• OB/GYN	No	Yes	Yes
• Internal Medicine	Yes	Yes	Yes
Other:			
• Quality Accreditations (NCQA/JCAHO)?	Yes NCQA	No	No
• Number of years accredited?	1 year	N/A	N/A
• Does the plan require its members to use Binding Arbitration to resolve disputes?***	No	No	Yes (includes medical malpractice)

*This insurance plan offers two benefit plans. One includes elective abortions. Another excludes elective abortions.

**This number represents the insurance plan's entire network as of January 1, 1998.

***To get additional information about each insurance plan's dispute resolution provisions, call the plan or refer to the plan's Disclosure Form and Evidence of Coverage booklet, which is available upon request from each health plan.

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Answers To Commonly Asked Questions About Health Plans (continued)

The information on this chart was provided by each plan.

For more information, see the plan descriptions in this Handbook.

	Community Health Plan (Los Angeles)	Contra Costa Health Plan	Health Net	Health Plan of San Joaquin
Are all members required to have a primary care physician (PCP)?	Yes	Yes	Yes	Yes
Must my children get a referral from a PCP before going to a specialist?	Yes	Yes	Yes	Yes
How many times can members change their PCP in one benefit year?	12	12	12	12
Does the plan offer a prescription drug mail-in program?	Yes	No	Yes	No
Does the plan ask me to substitute generic for brand name drugs, except when medically necessary?	Yes	Yes	Yes	Yes
Does the plan provide the following optional benefits:				
• Biofeedback	No	Yes	No	Yes
• Acupuncture	No	Yes	No	Yes
• Chiropractic	No	Yes	Yes	Yes
• More than 20 outpatient alcohol and drug visits per benefit year	No	No	No	No
• More than 20 outpatient mental health visits per benefit year	No	No	No	No
• Elective abortions	Yes	Yes	Yes	Yes
Health Provider Statistics:				
Total number of CA members**	116,668	51,134	2,214,168	55,503
What types of specialists are offered as PCPs in this plan?				
• General Practice	Yes	No	Yes	Yes
• Family Practice	Yes	Yes	Yes	Yes
• Pediatrician	Yes	Yes	Yes	Yes
• OB/GYN	Yes	Yes	Yes	Yes
• Internal Medicine	Yes	Yes	Yes	Yes
Other:				
• Quality Accreditations (NCQA/JCAHO)?	Yes JCAHO	No	Yes NCQA	No
• Number of years accredited?	1	N/A	1	N/A
• Does the plan require its members to use Binding Arbitration to resolve disputes?***	Yes (excludes medical malpractice)	No	Yes (excludes medical malpractice)	Yes (excludes medical malpractice)

*This insurance plan offers two benefit plans. One includes elective abortions. Another excludes elective abortions.

**This number represents the insurance plan's entire network as of January 1, 1998.

***To get additional information about each insurance plan's dispute resolution provisions, call the plan or refer to the plan's Disclosure Form and Evidence of Coverage booklet, which is available upon request from each health plan.

NOTE: These summaries are for information only. This is not a contract. For a detailed and precise statement of benefits and exclusions, please refer to your Evidence of Coverage/Certificate of Insurance.

Answers To Commonly Asked Questions About Health Plans (continued)

The information on this chart was provided by each plan. For more information, see the plan descriptions in this Handbook.	Inland Empire Health Plan	Kaiser Permanente	Kern Family Health Care	Health Plan of San Mateo
Are all members required to have a primary care physician (PCP)?	Yes	Encouraged	Yes	Yes
Must my children get a referral from a PCP before going to a specialist?	Yes	Yes	Yes	Yes
How many times can members change their PCP in one benefit year?	12	12	12	12
Does the plan offer a prescription drug mail-in program?	No	Yes	No	No
Does the plan ask me to substitute generic for brand name drugs, except when medically necessary?	Yes	Yes	Yes	Yes
Does the plan provide the following optional benefits:				
• Biofeedback	No	No	Yes	Yes
• Acupuncture	No	No	Yes	Yes
• Chiropractic	No	Yes	Yes	Yes
• More than 20 outpatient alcohol and drug visits per benefit year	No	Yes	Yes	No
• More than 20 outpatient mental health visits per benefit year	No	Yes	No	No
• Elective abortions	Yes	Yes	Yes/No*	Yes
Health Plan Statistics:				
Total number of CA members**	130,736	5,412,116	50,893	43,500
What types of specialists are offered as PCPs in this plan?				
• General Practice	Yes	Yes	Yes	Yes
• Family Practice	Yes	Yes	Yes	Yes
• Pediatrician	Yes	Yes	Yes	Yes
• OB/GYN	Yes	Yes	Yes	Yes
• Internal Medicine	Yes	Yes	Yes	Yes
Other:				
• Quality Accreditations (NCQA/JCAHO)?	No	Yes NCQA/JCAHO	No	No
• Number of years accredited?	N/A	3	N/A	N/A
• Does the plan require its members to use Binding Arbitration to resolve disputes?***	Yes (medical malpractice only)	Yes (includes medical malpractice)	Yes (includes medical malpractice)	No

*This plan offers two benefit plans. One includes elective abortions. Another excludes elective abortions.

**This number represents the plan's entire network as of January 1, 1998.

***To get additional information about each insurance plan's dispute resolution provisions, call the plan or refer to the plan's Disclosure Form and Evidence of Coverage booklet, which is available upon request from each health plan.

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Answers To Commonly Asked Questions About Health Plans (continued)

The information on this chart was provided by each plan.

For more information, see the plan descriptions in this Handbook.

	L.A. Care Health Plan	Partnership Health Plan	San Francisco Health Plan	Santa Barbara Health Authority
Are all members required to have a primary care physician (PCP)?	Yes	Yes	Yes	Yes
Must my children get a referral from a PCP before going to a specialist?	Yes	Yes	Yes	Yes
How many times can members change their PCP in one benefit year?	12	12	12	12
Does the plan offer a prescription drug mail-in program?	No	No	No	No
Does the plan ask me to substitute generic for brand name drugs, except when medically necessary?	Yes	Yes	Yes	Yes
Does the plan provide the following optional benefits:				
• Biofeedback	No	Yes	Yes	No
• Acupuncture	No	Yes	Yes	Yes
• Chiropractic	No	Yes	Yes	Yes
• More than 20 outpatient alcohol and drug visits per benefit year	No	No	No	Yes
• More than 20 outpatient mental health visits per benefit year	No	No	No	Yes
• Elective abortions	Yes	Yes	Yes	Yes
Health Plan Statistics:				
Total number of CA members**	437,161	52,000	22,000	37,017
What types of specialists are offered as PCPs in this plan?				
• General Practice	Yes	Yes	Yes	Yes
• Family Practice	Yes	Yes	Yes	Yes
• Pediatrician	Yes	Yes	Yes	Yes
• OB/GYN	Yes	No	Yes	No
• Internal Medicine	Yes	Yes	Yes	Yes
Other:				
• Quality Accreditations (NCQA/JCAHO)?	No	No	No	No
• Number of years accredited?	N/A	N/A	N/A	N/A
• Does the plan require its members to use Binding Arbitration to resolve disputes?***	No	Yes (includes medical malpractice)	Yes (excludes medical malpractice)	Yes (excludes medical malpractice)

**This number represents the plan's entire network as of January 1, 1998.

***To get additional information about each insurance plan's dispute resolution provisions, call the plan or refer to the plan's Disclosure Form and Evidence of Coverage booklet, which is available upon request from each health plan.

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Answers To Commonly Asked Questions About Health Plans (continued)

The information on this chart was provided by each plan.

For more information, see the plan descriptions in this Handbook.

	Santa Clara Family Health Plan	Santa Cruz County Health Options	Sharp Health Plan	UHP Health care
Are all members required to have a primary care physician (PCP)?	Yes	Yes	Yes	Yes
Must my children get a referral from a PCP before going to a specialist?	Yes	Yes	Yes	Yes
How many times can members change their PCP in one benefit year?	12	12	12	12
Does the plan offer a prescription drug mail-in program?	No	No	Yes	Yes
Does the plan ask me to substitute generic for brand name drugs, except when medically necessary?	Yes	Yes	Yes	Yes
Does the plan provide the following optional benefits:				
• Biofeedback	Yes	Yes	No	No
• Acupuncture	Yes	Yes	Yes	No
• Chiropractic	Yes	Yes	Yes	Yes
• More than 20 outpatient alcohol and drug visits per benefit year	No	No	No	No
• More than 20 outpatient mental health visits per benefit year	No	No	No	No
• Elective abortions	Yes	Yes	Yes	Yes
Health Plan Statistics:				
Total number of CA members**	36,818	20,639	50,982	90,000
What types of specialists are offered as PCPs in this plan?				
• General Practice	Yes	No	Yes	Yes
• Family Practice	Yes	Yes	Yes	Yes
• Pediatrician	Yes	Yes	Yes	Yes
• OB/GYN	Yes	No	Yes	Yes
• Internal Medicine	Yes	Yes	Yes	Yes
Other:				
• Quality Accreditations (NCQA/JCAHO)?	No	No	No	Yes JCAHO
• Number of years accredited?	N/A	N/A	N/A	3
• Does the plan require its members to use Binding Arbitration to resolve disputes?***	Yes (includes medical malpractice)	No	Yes (excludes medical malpractice)	No

**This number represents the plan's entire network as of January 1, 1998.

***To get additional information about each insurance plan's dispute resolution provisions, call the plan or refer to the plan's Disclosure Form and Evidence of Coverage booklet, which is available upon request from each health plan.

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Answers To Commonly Asked Questions About Health Plans (continued)

The information on this chart was provided by each plan.

For more information, see the plan descriptions in this Handbook.

	United Health Care	Universal Care	Ventura County Health Care Plan
Are all members required to have a primary care physician (PCP)?	Yes	Yes	Yes
Must my children get a referral from a PCP before going to a specialist?	Yes	Yes	Yes
How many times can members change their PCP in one benefit year?	12	12	12
Does the plan offer a prescription drug mail-in program?	Yes	Yes	Yes
Does the plan ask me to substitute generic for brand name drugs, except when medically necessary?	Yes	Yes	Yes
Does the plan provide the following optional benefits:			
• Biofeedback	No	No	No
• Acupuncture	No	No	No
• Chiropractic	No	No	No
• More than 20 outpatient alcohol and drug visits per benefit year	No	No	No
• More than 20 outpatient mental health visits per benefit year	No	No	No
• Elective abortions	Yes	Yes	Yes
Health Plan Statistics:			
Total number of CA members**	480,274	145,716	6,175
What types of specialists are offered as PCPs in this plan?			
• General Practice	Yes	Yes	No
• Family Practice	Yes	Yes	Yes
• Pediatrician	Yes	Yes	Yes
• OB/GYN	Yes	Yes	No
• Internal Medicine	Yes	Yes	No
Other:			
• Quality Accreditations (NCQA/JCAHO)?	Yes NCQA	No	No
• Number of years accredited?	3	N/A	N/A
• Does the plan require its members to use Binding Arbitration to resolve disputes?***	Yes (excludes medical malpractice)	Yes (excludes medical malpractice)	Yes (excludes medical malpractice)

**This number represents the plan's entire network as of January 1, 1998.

***To get additional information about each insurance plan's dispute resolution provisions, call the plan or refer to the plan's Disclosure Form and Evidence of Coverage booklet, which is available upon request from each health plan.

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Answers to Commonly Asked Questions About Dental Plans and Vision Services Plan

The information on this chart was provided by each plan.

For more information, see the plan descriptions in this handbook.

	Access Dental Plan	Delta Dental	Denticare	Premier Access
Are members required to choose a primary care dentist?	Yes	No	Yes	No
Must my children see their primary care dentist before going to a specialist?	Yes	No	Yes	No
How many times can I change my primary care dentist in one benefit year?	24	12	12	N/A
How long does it usually take to be seen for a dental checkup after requesting an appointment?	3 weeks	2-4 weeks	3-4 weeks	3 weeks
How long does it usually take to be seen after identifying the need for follow-up dental care?	Varies	2-4 weeks	Varies	3 weeks
Dental Provider Statistics:				
Total number of CA members**	53,342	11,000,000	562,274	(New)
Does the plan require members to use Binding Arbitration to resolve disputes?***	Yes (includes medical malpractice)	No	Yes (excludes medical malpractice)	Yes (includes medical malpractice)

The information on this chart was provided by the plan. For more information, see the plan description in this handbook.

	Vision Services Plan
What is the average length of time between requesting an appointment and being seen for an annual vision exam?	14 days
Can members see a medical doctor (Ophthalmologist) for annual examinations?	Yes
Vision Provider Statistics:	
Total number of CA members**	7,582,330
Does the plan require its members to use Binding Arbitration to resolve disputes?***	Yes (excludes medical malpractice)

**This number represents the plan's entire network as of January 1, 1998.

***To get additional information about each insurance plan's dispute resolution provisions, call the plan or refer to the plan's Disclosure Form and Evidence of Coverage booklet, which is available upon request from each health plan.

NOTE: These summaries are for information only. This is not a contract. For a detailed and precise statement of benefits and exclusions, please refer to your Evidence of Coverage/Certificate of Insurance.

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Health Plan Descriptions



**Toll-free 1-877 We Care8
1-877-932-2738**

**Call 8 a.m. to 6 p.m.
English, Spanish, Cantonese, and Vietnamese**

Why choose the Alliance?

Our health plan was created to provide quality health care services to Alameda County. We are the plan of choice for over 45,000 children. The Alliance is committed to member satisfaction, high standards of quality care, and service to our diverse community.

How the Plan Works

When you enroll in the Alliance, you will choose a Primary Care Provider (PCP) for each child from a wide choice of hundreds of doctors and clinics. Many PCPs and their staff speak other languages. Our Provider List gives you information about choosing a PCP that fits your needs. You may choose or change PCPs by calling an Alliance Customer Service Representative.

Your PCP works with you to make health care choices to keep your children healthy. We give you a member card to get your health care and prescription drugs. You have access to many specialists your PCP thinks are right for you, including experts in pediatric medicine. We want you to use services and work with your PCP to make sure your children stay healthy.

You can get services 24-hours a day, wherever you are. At night and on weekends, you can contact your PCP for urgent care. Your PCP's name and phone number will be on your member card.

Or call the 24-hour advice nurse. A nurse will take your call, help you get services, or make an appointment with your PCP. You do not need an approval to get emergency care.

How to Enroll

Write *Alameda Alliance for Health* on your application in the space for "health plan." Then select a PCP by writing the name of the doctor or clinic in the space provided. Call **toll-free** 1-877-We Care8 or 1-877-932-2738. A Customer Service Representative will help you find a PCP and answer your questions.



1-800-969-6350

**Call 8:30 a.m. to 5:30 p.m.
English and Spanish**

Why choose American Family Care Health Plan?

Our plan provides healthcare services to its members through a growing network of private-practice medical groups, physicians, clinics, local community hospitals, and medical centers.

We understand and provide family-centered care for children with special sensitivity to the diverse cultural background of California. Our brochures are printed in 9 languages. We actively encourage the personal touch and attention essential to good health.

How the Plan Works

When you enroll with American Family Care, you will receive a "welcome package" that describes our plan in detail.

You can then select a Primary Care Physician (PCP) from our directory—Pediatrician, Family Practitioner, Obstetrician/Gynecologist, Internist, General Practitioner, or a PCP from 25 conveniently located clinics.

Each subscriber can select a different physician. Your PCP can be changed every month for any reason. Your PCP will determine if you need referral to a specialist and will make the necessary arrangements.

You will receive a list of participating pharmacies from which you can receive prescription drugs by presenting your health plan membership card. We require generic medications to be dispensed.

You are covered 24 hours a day, wherever you happen to be. If you need medical advice and are unable to contact your primary care physician, call our special Healthy Families Hot Line. Registered Nurses who will assist you. In an emergency you are advised to call 911.

How to Enroll

Write *American Family Care* on the application in the space provided. If you need assistance selecting a doctor that best fits your special needs, give us a call.



Blue Cross of California

An Independent Licensee of Blue Cross Association

Blue Cross EPO

1-800-845-3604

Call 7 a.m. to Midnight

English, Spanish and Vietnamese

Why choose Blue Cross EPO?

We are the Community Provider Plan in 31 counties:

Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, El Dorado, Glenn, Humboldt, Imperial, Inyo, Kings, Lake, Lassen, Madera, Marin, Mariposa, Mendocino, Merced, Modoc, Mono, Monterey, Nevada, Plumas Shasta Sierra Siskiyou Sutter Tehama Trinity Tuolumne

Other reasons to choose Blue Cross:

- Blue Cross is one of the oldest health care companies in California.
- You can call us anytime. Our member representatives are here to help with any health care need you may have.
- We have more doctors from which to choose.
- We have special programs for prenatal care, asthma, and other health care needs.
- We offer health education classes.
- We speak your language.
- You can talk to a nurse 24 hours a day.
- Teens have their own 24-hour advice line.
- We send you health care reminders.

How the Plan Works

- You can choose your own doctors.
- You can use any of our many pharmacies.
- We offer an easy mail-in program for maintenance drugs.
- Blue Cross covers a large variety of generic and brand-name prescription drugs.
- For after-hours care, go directly to the nearest Blue Cross urgent care center.
- You can go directly to the ER for true emergencies.

How to Enroll

On the application, write **Blue Cross of California** and or call Blue Cross at 1-800-845-3604.



Blue Cross of California

An Independent Licensee of Blue Cross Association

Blue Cross HMO

1-800-845-3604

Call 7 a.m. to Midnight

English, Spanish and Vietnamese

Why choose Blue Cross HMO?

We are the Community Provider Plan in these counties:

Fresno
Sacramento
Stanislaus

Other reasons to choose Blue Cross:

- Blue Cross is one of the oldest health care companies in California.
- You can call us anytime. Our member representatives are here to help with any health care need you may have.
- We have more doctors from which to choose.
- We have special programs for prenatal care, asthma, and other health care needs.
- We offer health education classes.
- We speak your language.
- You can talk to a nurse 24 hours a day.
- Teens have their own 24-hour advice line.
- We send you health care reminders.

How the Plan Works

- You can choose your own doctors.
- You can use any of our many pharmacies.
- We offer an easy mail-in program for maintenance drugs.
- Blue Cross covers a large variety of generic and brand-name prescription drugs.
- For after-hours care, go directly to the nearest Blue Cross urgent care center.
- You can go directly to the ER for true emergencies.

How to Enroll

On the application, write **Blue Cross of California** and the name of the doctor you want, or call Blue Cross at 1-800-227-3238.



1-888-505-4201

Call 7 a.m. to 8 p.m., Monday - Friday
English and Spanish,
140 other languages through
AT & T's Language Line

As a Blue Shield HMO member, you have access to over 203 hospitals and 20,000 physicians statewide. There is a good chance that your current doctor is a Blue Shield HMO provider. Please contact our Member Services Department if you would like to find out whether your doctor is part of the Blue Shield HMO.

Why choose the Blue Shield HMO?

When it comes to protecting your family's health, you want to know you have a health plan you can count on. Blue Shield of California has been meeting the health coverage needs of Californians for over 55 years; we have the experience and stability you need.

We also have an HMO dedicated to personalized service and preventive health care, with one of the state's largest HMO physician networks.

How the Plan Works

With the Blue Shield HMO, you or the subscriber may choose a Personal Physician who will be a partner in keeping your children as healthy as possible. Each subscriber can have a different Personal Physician selected from the extensive Blue Shield HMO network. Personal Physicians may be changed at any time. Contact Member Services.

The Personal Physician will provide or arrange for all necessary health care services, and will be available by telephone 24 hours a day, 7 days a week. All specialty services must be provided or arranged for by your Personal Physician.

Medically necessary outpatient prescription drugs are covered when a Blue Shield Participating Pharmacy is used. Blue Shield offers two benefit plans for elective abortion: one includes elective abortion and the other excludes elective abortion.

How to Enroll

Write in **Blue Shield HMO** on the application and select a Personal Care Physician.



1-800-530-2899

Call 8 a.m. to 6 p.m., Monday - Friday
English, Spanish, and Vietnamese

Why choose CalOPTIMA Kids?

CalOPTIMA Kids is a health plan entirely focused on providing medical services to children in Orange County. Our members benefit from the following:

- Belonging to a health plan that has local health care expertise. It also has received a 95% approval rating by the Department of Health Services.
- A diverse member services staff that speaks your language. They can help you easily.
- Special features such as mailed information and free courses designed to inform kids and parents or guardians about children's health, nutrition, and safety.
- The convenience of 500+ CalOPTIMA Kids pharmacies. Many of these pharmacies can fill your child's prescription by mail.

How the Plan Works

Select a doctor from one of our Health Networks. This doctor will be your child's primary care physician. Your doctor provides routine medical care, such as baby and child examinations and immunizations. Working with your health network, your doctor also arranges for additional services that your child needs, such as X-rays, therapy, or hospital care.

You can get prescribed medication easily and conveniently. Present your prescription and CalOPTIMA ID card at a member pharmacy of your choice. Then, pay only the co-payment.

You can change your child's primary care physician to another physician in your network at any time. If your doctor cannot be reached during an emergency, call 911 or go directly to your nearest hospital emergency room. But, always take your membership ID card with you.

How to Enroll

Enrollment is easy. Write **CalOPTIMA Kids** in the space provided on the application. Also, include your current doctor's name if you have one. Please call CalOPTIMA Kids' member services if you have questions or need assistance in choosing a doctor.



1-800-224-7766

Call 8 a.m. to 9 p.m., Monday - Friday

8 a.m. to 5 p.m., Saturday

English, Spanish and Vietnamese

We use the AT&T Language Line for other languages.

Why choose Community Health Group?

We have been caring for people in San Diego County for 15 years. As a non-profit health plan, our goal is to help our members get the medical care they need—when they need it.

Our plan members enjoy:

- A wide choice of doctors and other providers
- 24-hour Telephone Advice Nurse
- A friendly and professional Member Services staff

How the Plan Works

- Each member selects a primary care doctor from our list. This doctor gives all routine medical care.
- Each member gets a *Healthy Families Member ID Card* and a *Prescription Drug Card*. Show these cards when getting medical care or a prescription.
- When a member needs to see a specialist, the primary care doctor sets up the appointment.
- There are two ways to get medical advice and help 24 hours a day: the primary care doctor and our Telephone Advice Nurse.
- Urgent care services are for medical problems that need same-day treatment. Call the doctor or the Telephone Advice Nurse for help.
- In an emergency, call 911 or go to the nearest emergency room.

Prescription drug program

Members can go to one of our contracted pharmacies. They also can order drugs through the mail for certain types of illnesses and conditions. Doctors use our approved list of drugs. If a member needs a drug that is not on this list, the doctor calls us for approval.

How to Enroll

Write *Community Health Group* in the space provided on the application. Please write in the doctor's name you have selected as the primary care doctor. If you do not know which doctor to pick, call our toll-free number. We will help find a doctor in your neighborhood.



1-800-475-5550

Call 24 Hours a Day

We Speak All Languages

Why choose Community Health Plan?

- We are here to serve you and keep your children healthy.
- We are the Community Provider Plan in Los Angeles County
- You have many, many choices:
 - 3,000 + doctors
 - 900 + pharmacies (many are open 24 hours)
- Doctors who speak your language and understand your culture and values
- Have extended hours and weekend services
- 24-hour, toll-free Telephone Advice Nurse
- Urgent care centers are open until 11:00 p.m., 7 days a week

How the Plan Works

- You select your personal primary care doctor when you enroll.
- To change doctors, call our Membership Services Office.
- You receive a Healthy Families Membership I.D. card.
- Use your Membership I.D. card for medical services and prescriptions.
- Your primary care doctor will coordinate all your care (specialty and hospital).
- In an emergency, call 911 or go to the nearest Plan hospital emergency room or any hospital emergency room.
- We cover all emergency transportation.
- Prescriptions for brand name (specified by your doctor) and generic medications are filled at our pharmacies.
- Maintenance medications can be delivered by mail.
- Any questions, call our Membership Services staff who will help you.

How to Enroll

Write *Community Health Plan* in the space provided on the application.



1-800-644-2247

Call 7 a.m. to 7 p.m., Monday - Friday
(except Holidays)
English and Spanish

Why choose Contra Costa Health Plan?

Contra Costa Health Plan offers you peace of mind as well as high-quality care. We conform to the highest standards of medical care. CCHP has the stability of 25 years of service to 50,000 members.

How the Plan Works

You may have chosen a primary care provider before enrollment. If not, you will be assigned one. If assigned one, you can change anytime during the first month. This change is effective immediately. Otherwise, you may change once a month. This change will take place the first of the following month. Just call Member Services to request a change.

If needed, your primary care provider can refer you to any specialist who contracts with Contra Costa Health Plan.

If you become sick and feel you should see a doctor, call the 24-hour Advice Nurse Service. A nurse will make an urgent care appointment for you or refer you to your doctor's office if professional treatment is necessary.

When you enroll, you will be given a pharmacy ID card. This card enables you to get prescriptions at most pharmacies in Contra Costa County. If you forget your card, you can still get your prescription filled at one of our three health center pharmacies. You can also get your prescription at one of our network pharmacies without a card. Give the pharmacist the information he or she requests.

CCHP does not have a mandatory formulary – your doctor may prescribe the drugs he or she considers most appropriate for you. And if the doctor writes “no substitution,” you will get the brand name drug.

How to Enroll

Write **Contra Costa Health Plan** in the space provided on the Healthy Families application.



Toll-free 1-888-231-9473

Call 24 hours a day, 7 days a week
In any language

Why choose Health Net?

For nearly 20 years, Health Net has helped keep people like your child well. Today, we are one of the largest health plans with:

- Nearly 2.2 million members
- Over 36,000 doctors, 430 hospitals, and 4,000 pharmacies
- A one-year accreditation from the NCQA
- Rapid Access, a program that lets your child see key specialists in your medical group without talking to your child's doctor, and also lets your doctor directly refer your child to specialists in their medical group--without authorization
- HealthLine, a 24-hour, 7-day-a-week telephone service staffed by registered nurses
- Internet web site with complete health plan information at www.healthnet.com

How the Plan Works

- You choose a Primary Care Physician, who will be your child's regular doctor, and a medical group
- Your child's doctor will provide specialist referral when needed.
- You may switch your child's doctor monthly.
- Prescriptions are covered at our participating pharmacies. Show your child's prescription and Health Net ID card.
- You can get up to a 90-day prescription supply for one co-payment through out Prescriptions By Mail Drug Program.
- Doctors use our approved list of drugs containing generic and brand name medications.
- For after-hours care, call your child's doctor first, our 24-hour Member Services line, or our HealthLine.
- For emergencies when you cannot contact your doctor, go to the nearest emergency room.

How to Enroll

Write **Health Net** on your application. If you need help with the form or with choosing a doctor who best fits your child's needs, call 1-888-231-9473.



1-800-932-PLAN

Call 8 a.m. to 5 p.m., Monday – Friday
English, Spanish, Hmong, Vietnamese, and Cambodian

Why choose Health Plan of San Joaquin?

Health Plan of San Joaquin (HPSJ) is a local health plan developed by local people for local people. HPSJ has a provider listing with hundreds of primary care doctors and pharmacies. HPSJ is the only health plan that offers access to all 7 hospitals and 35 primary care clinics in San Joaquin County.

How the Plan Works

When you enroll, you will select a primary care doctor for your child. This doctor will oversee your child's care. You may change your child's doctor at any time for any reason.

If specialty care is needed, your child's doctor will refer you to an HPSJ specialist. If an HPSJ specialist is not available, your child may be referred to a non-participating provider.

Your child may obtain services including family planning and annual well-woman exams without a referral from your child's doctor.

When enrolled, your child will receive an ID card. It must be used to receive services from your child's primary care doctor, a specialist, pharmacy, emergency room, or hospital.

The program has a list of medications that a doctor may prescribe. Other medications may be prescribed with your doctor's approval.

In a true emergency situation, your child may be treated in any emergency room. In situations that require urgent, but not emergency care, you should contact your child's Primary Care Doctor and request assistance. You can contact your child's doctor or the Advice Nurse 24 hours a day.

How to Enroll

Write **HPSJ** on your application. If you need help with a problem, you can call a Customer Services Representative or visit our office in Stockton. Our staff speaks English, Spanish, Hmong, Vietnamese, and Cambodian. We also offer the ATT Language Line with access to over 140 languages.



1-800-750-4776

Call 8 a.m. to 6 p.m.
English, Spanish, Tagalog, and Russian

Why choose The Health Plan of San Mateo?

So you can get the health care you need from the doctors, clinics, and hospitals you know! HPSM has operated locally in San Mateo County for 10 years and last year served over 50,000 people. We work with over 90 percent of the doctors in the county. We also work with 12 local hospitals, and more than 100 pharmacies. We have doctors who speak your language, understand your culture, and are close to your home or work.

How the Plan Works

Each Healthy Families member chooses a Primary Care Physician (PCP). Your PCP takes care of most of your basic health care needs. If there is an emergency, call your PCP anytime, including nights and weekends. As soon as you have chosen a doctor, we invite you to set up appointments with your PCP for immunizations, preventive care, and routine care.

You can change your PCP at any time. The change will take place the next month or the month after.

If needed, your PCP will refer you to one of our many specialists. Members can get family planning and prenatal care without a referral. If you need medicine, your doctor will write you a prescription.

- **What if I have a question about HPSM?**

If you need help, or have a problem, call HPSM's Member Services Representatives. Representatives also can be visited in field offices throughout the county.

How to Enroll

To become one of our members, write **HPSM** on your Healthy Families application.



INLAND EMPIRE HEALTH PLAN

1-800-440-4347 (IEHP)
Call 8 a.m. to 5 p.m., Monday - Friday
English and Spanish
140 Other Languages

Why choose Inland Empire Health Plan (IEHP)?

We care. IEHP is a non-profit public health plan, serving San Bernardino and Riverside Counties. We have over 600 Doctors and 450 pharmacies from which to choose. Your current doctor or one near you probably already takes IEHP. IEHP puts your needs first and makes sure you get appointments quickly.

How the Plan Works

The Doctor You Choose: IEHP members choose their own doctor. This doctor will help you with all your health care needs. You can change your doctor as often as once a month.

The Prescriptions You Need: To get prescription drugs, show your IEHP card and your prescription to any IEHP pharmacy. IEHP has a list of approved drugs called a formulary. For the same co-payment, you can get drugs not on the formulary, if medically necessary.

See Specialists Fast: IEHP makes sure you can see a specialist when you need one. First go to your doctor. If needed, your doctor will refer your child to a specialist.

IEHP Care—All Day Every Day: IEHP is always here for you. To get care, call your doctor's office 24 hours a day. Your doctor's office will help you get the care you need. They may tell you to come see the doctor, go to their Urgent Care Center, or go to the emergency room listed on your IEHP card. If you cannot reach your doctor, or if the delay would be life threatening, go to the nearest emergency room.

How to Enroll

It is easy to enroll in IEHP. Write **IEHP** in the space for health plan on the application. You can choose your doctor now or later. If you have questions, want more information or a list of IEHP Doctors, call us toll-free at 1-800-440-4347.



KAISER PERMANENTE

1-800-464-4000

Call 7 a.m. to 7 p.m., 7 days per week
English, Spanish, Mandarin Chinese, Cantonese,
Cambodian, Farsi, Hmong, Laotian, Russian, Vietnamese

Why choose Kaiser Permanente?

Kaiser Permanente physicians and health care professionals work together to give you comprehensive health care benefits. The benefits include:

- Well-baby care and immunizations
- Physician and hospital services for your child
- Health education services and materials
- Urgent care clinics available on a same-day basis
- Laboratory, X-ray, and pharmacy services conveniently located at each medical facility
- Medical advice by phone and emergency services available 24 hours a day

Easy-to-use benefits include:

- No referrals needed for pediatric doctor visits
- Convenient evening and weekend hours
- Virtually no paperwork

How the Plan Works

Getting Started:

Once enrolled, you will receive a Health Plan identification card. Carry the identification card with you at all times and use it to make appointments.

Getting Care:

Upon your effective date of enrollment, you have access to Kaiser Permanente Healthy Families Program benefits and services. At that time, we encourage you to schedule a pediatric visit for your child. You also should select a personal physician for your child.

You can make an appointment by calling the appointment desk at the Kaiser Permanente facility that is most convenient for you.

How to Enroll

Write **Kaiser Permanente** as your choice of health plan on the Healthy Families Program application.



1600 Norris Road
Bakersfield, CA 93308
1-800-391-2000
Call anytime
English and Spanish

Why choose KFHC Healthy Families?

KFHC Healthy Families cares about kids. We want to keep your children healthy. We are a local health plan with administrative offices located in Bakersfield. Our provider network is extensive and includes doctors, clinics, and hospitals all over Kern County, except for Ridgecrest. We also have Health Education classes and services to help you get and stay healthy. Call 1-800-391-2000 day or night. If you need help with services, need to speak to a nurse, or just have general health questions, call us.

How the Plan Works

- If you are under 19, choose a doctor for yourself and each of your children who joined KFHC Healthy Families. This is called your primary care provider or PCP.
- Each time you need health services you will make an appointment with the same KFHC Healthy Families doctor or clinic you selected above.
- Call us. We can tell you about our services. As a member of the KFHC Healthy Family's program, you can use these services at little or no cost to you.
- By choosing KFHC Healthy Families for yourself and your children, you can feel safe.

KFHC Healthy Families services offers:

- Over 500 health care providers to meet your health care needs
- Seven local hospitals to serve you
- 24-hour Advice Nurse Services
- Transportation assistance
- Interpretation Services
- Our promise to provide you with the best care available
- KFHC offers two benefit plans for elective abortions: one includes elective abortion and the other excludes elective abortion.

How to Enroll

Write **KFHC Healthy Families** in the box on the application that asks for your Health Plan choice.



1-888-839-9909

Call 8 a.m. to 5 p.m., Monday – Friday
Various languages spoken

Why choose L.A. Care Health Plan?

We are committed to quality health care. Our goal is to ensure your children get the care they need at a price you can afford—without cutting corners. At L.A. Care, we know good care is a partnership between you, your doctor, and us.

Picking L.A. Care means you join a team dedicated to keeping your child healthy. We make getting care easy by working with a large number of doctors and hospitals in your community. That means you do not have to travel far for help.

Besides caring for children when they need it, we offer routine examinations and programs like well-child care and immunizations to keep them healthy before they get sick. We know how important your children are to you. Let us help you take good care of them.

How the Plan Works

Choose a doctor for your child from the L.A. Care directory. You may pick a doctor for each eligible child. When doing so, it is best to pick doctors at the same office or location.

You may change your child's doctor within 30-45 days of enrolling, during the re-enrollment period, or for special reasons. Call us toll-free at 1-888-839-9909.

If needed, a doctor will refer your child to a specialist. We will assist in this process when needed.

Prescription drugs are covered. Visit any pharmacy listed in our directory. Then, show your child's ID card. Generic brands may be substituted.

How to Enroll

When you get the application form, write **L.A. Care Health Plan** in the box and the doctor's name you picked for each eligible child. In a few weeks, your L.A. Care ID card and other important papers will arrive in the mail.



1-800-863-4155 OR 707-863-4120
Call 8 a.m. to 5 p.m., Monday-Friday
English and Spanish

Why choose Partnership HealthPlan of California?

We offer a wide choice of doctors and hospitals as well as a variety of services.

PHC members have access to:

- Prenatal Care Case Management Program
- Diabetes Case Management Program
- Asthma Case Management Program
- AIDS Case Management Program
- Free After Hours Advice Nurse Program
- Multilingual Services
- Local Member Services Department
- Referrals to Free or Low Cost Health Services Program
- Referrals to Community Service Program

How the Plan Works

You select a Primary Care Provider (PCP) from the many physicians and other practitioners who are part of the plan. Your PCP takes care of most of your health needs and preventive care which means checkups and immunizations for your children. If needed, your PCP will refer you to a specialist and also make arrangements for hospitalization when required.

Many physicians and their associates speak other languages. These languages are listed in the provider listing. You can change your PCP as many times as you want in one benefit year.

PHC does not require the use of a prescription drug card. All subscribers are sent a health plan identification card that is used to obtain all covered services. All PCPs are required to provide 24-hour access to care. For life-threatening emergencies, go to the closest emergency room. Also, PHC offers an after-hours advice nurse program. This program is available 5 p.m. to 8 a.m., Monday through Friday, 24 hours a day on weekends and holidays.

How to Enroll

Write *Partnership HealthPlan of California* in the appropriate area of your application.



1-800-288-5555
Call 8 a.m. to 6 p.m.

Why choose San Francisco Health Plan?

San Francisco Health Plan (SFHP) is the Community Provider Plan in San Francisco. Choosing us entitles you to a \$3 discount off the \$7 monthly premium per child. When you choose San Francisco Health Plan, you choose a plan specially created to serve San Francisco's families. Choose SFHP for a doctor in your neighborhood who speaks your language and who cares about the special health care needs of young children and adolescents.

How the Plan Works

A Primary Care Provider (PCP) will coordinate your child's health care. SFHP will work with you to help you find a PCP who meets your family's needs.

You may change your PCP or medical group as often as you like. If you change your PCP by the 25th, the change will take place the first day of the following month. You can change your PCP over the phone. Call Member Services.

Call your child's PCP 24 hours a day for all health care needs. Your child may be scheduled for the next available appointment. Or, your child's PCP will direct you to the Emergency Room if it is an emergency. If a specialist is needed, your child will be referred to a doctor within your medical group. All SFHP members have an ID card. Present this card at every visit to your doctor or pharmacist.

SFHP has pharmacies throughout the Bay Area. Drugs not included in the Formulary are covered if approved by SFHP. Generic medicines are sometimes substituted for brand-name medicines.

How to Enroll

Write *San Francisco Health Plan* as your participating health plan on your Healthy Families application. Write the name of your SFHP PCP in the appropriate space on your application. Call Member Services at 1-800-288-5555 or 1-415-547-7805 to help you choose a physician.



1-800-421-2560

Call 8 a.m. to 5 p.m., Monday - Friday
English and Spanish

Why choose Santa Barbara Regional Health Authority?

There are at least three reasons to choose the Santa Barbara Regional Health Authority: local providers, local services, and commitment to the community.

You may be familiar with our Health Initiative or Prenatal Plus 2 programs. If so, you know of our commitment to customer service and top quality medical care for our members. We use only local physicians, hospitals, and pharmacies. Our Member Service Representatives are based in Santa Barbara, Santa Maria, and Lompoc for your convenience. So, choose local and be happy.

How the Plan Works

Primary Care Physician - Your Primary Care Physician (PCP) is available 24 hours a day, 7 days a week. You can change your PCP once a month. You may request a change of PCP within the plan. Call toll-free for our Healthy Families Member Services staff. In most cases, the change is effective on the first of the following month. If needed, your PCP will refer you to a specialist.

Emergency Services - Emergency services are available at all Santa Barbara County hospitals.

Prescriptions - Present your Healthy Families Card and prescription to a participating pharmacy. Most drugs are covered.

How to Enroll

Write **Santa Barbara Regional Health Authority** and your choice of a PCP in the Healthy Families application. If you have questions, call us at 1-800-421-2560. Ask for Member Services.



1-800-260-2055

Call 8 a.m. to 5 p.m.

English, Spanish, and Vietnamese

Why choose Santa Clara Family Health Plan?

We are here to make sure your children get all the quality health care they need. We also want to make it easy for you. If you ever have a problem getting medical care, call us. We speak English, Spanish, and Vietnamese so it is easy to talk to us.

Here are some facts about our plan:

- We use 13 hospitals from Gilroy to Palo Alto.
- We have more than 1,300 doctors. We have no limits on necessary prescriptions.
- Your children are always covered 24 hours a day, 7 days a week.
- We also offer important services like well-child care, a 24-hour advice nurse, and free healthy-living classes.

How the Plan Works

When you join Santa Clara Family Health Plan, you choose your child's Primary Care Provider (PCP). The PCP provides all of your child's regular care. If a specialist is needed, your PCP will refer you to one. You can change your child's PCP for any reason.

Santa Clara Family Health Plan offers a range of prescription medicines. Go to any participating pharmacy, show your child's membership card, and pick up your prescription. We have 170 participating pharmacies in Santa Clara County.

If your child needs care, and your doctor's office is closed, you may:

- Call your PCP any time of the night, 7 days a week.
- Call our Advice Nurse Line.
- In case of emergency, you may go directly to the hospital emergency room.

How to Enroll

Write **Santa Clara Family Health Plan** on your application in the space provided. We also ask you to select a PCP at the time of enrollment, writing that doctor's name in the space provided. Please call and ask for Customer Service if you need any help.

SCCHO
SANTA CRUZ COUNTY HEALTH OPTIONS

1-800-700-3874
Call 8 a.m. to 5 p.m.
English and Spanish

Why choose SCCHO Health Plan?

Our network offers you a broad selection of providers that are dedicated to serving children and adolescents in Santa Cruz County.

As your local community Health Plan, SCCHO offers knowledgeable, caring and responsive Member Services Representatives to assist you. They can help you make the most of your Health Plan. SCCHO's staff and member materials are bilingual (English/Spanish). We look forward to serving your family.

How the Plan works

When you enroll in SCCHO you choose a Primary Care Physician (PCP). The PCP will provide all your regular medical care and arrange for your referral to a specialist when needed.

You may change primary care physicians once a month, but we encourage you to find a physician or clinic you like and establish a good relationship with that provider.

You can get prescription drugs from any pharmacy in our network. We require generic medications to be dispensed whenever they are available. However, exceptions are made if your doctor feels that there is a medical reason for you to take a brand name drug.

You are covered 24 hours a day, 7 days a week. Unless you are experiencing a true emergency, please call your primary care physician before seeking care somewhere else, such as the emergency room. If it is not a true emergency, your doctor may ask you to wait and see him or her in the office the next day. If you do have a true emergency, go to the nearest emergency room or call 911.

How to Enroll

Write *Santa Cruz County Health Options* on your application in the space provided. You also should choose your doctor at that time and write his/her name in the space indicated.

SHARP
HEALTH PLAN

1-800-359-2002

Call 24-hours for Nurse Advice
Over 140 languages available

Why choose Sharp Health Plan?

Children's Hospital and Sharp Health Plan are working together to bring you the best health care in San Diego.

We offer a wide variety of the highest quality doctors, hospitals, clinics, and other health providers in town. Plus, we are the only health plan that gives you full access to Children's Hospital and associated doctors and specialists.

We are a nonprofit health plan. That means all our resources go toward ensuring quality medical care.

Our goal is to keep your children healthy. We encourage regular doctor visits for routine and preventive care. If your children get sick, we are there for you. We will work with your doctor to help them get well again.

When it comes to your family's health, you need a health plan you can count on. In San Diego, there is really only one choice: Sharp Health Plan. You can count on us!

How the Plan Works

You choose a doctor when you enroll. You can have the same doctor for your whole family, or a different doctor for each child. Call your doctor for all your medical needs, wherever you are, 24 hours a day.

If you need specialty care, your doctor will arrange for you to see a qualified specialist.

In an emergency, call your doctor so he or she can help. Wherever you live in San Diego, we have 24-hour urgent care and emergency facilities close by.

When you need prescription drugs, we have pharmacies all over San Diego, including Sav-On and Longs Drugs, and many neighborhood pharmacies.

How to Enroll

Write *Sharp Health Plan* on your application and choose your doctor. We will call to welcome you to the Plan, answer any questions, and help you start using your benefits immediately.



1-800-544-0088

Call 8:30 a.m. to 5 p.m., Monday - Friday



1-800-334-4638

Call 8 a.m. to 5:30 p.m., Monday - Friday

Why choose UHP Healthcare?

UHP HEALTHCARE is a federally qualified, non-profit Health Maintenance Organization serving the Southern California community since 1973. Over 90,000 members rely on us for their medical care.

UHP HEALTHCARE offers an extensive network of primary care physicians (PCP) and specialists. You will find medical offices with convenient locations and hours, as well as a network of physicians who speak over 30 languages.

It is UHP HEALTHCARE's goal to keep you as a satisfied member. Should you have questions, comments, or concerns regarding benefits or accessing services, contact Member Services.

How the Plan Works

At enrollment, you select a Primary Care Physician (PCP) from among our network providers. This physician takes care of your routine needs and specialist referrals.

Once enrolled, you receive a UHP HEALTHCARE membership card. Present it when you request services. There are no claim forms. On the card are the telephone numbers that you may call at any time for advice. Your UHP card is also used to receive prescriptions from the network pharmacies. There is also a drug mail-in program for members who require medications on a long-term basis, for chronic illnesses.

To change to a new PCP, call Member Services and request a transfer form. If the request is received by the 25th of the month, it will be effective the next month.

If you require emergency medical services at home or anywhere in the United States, you are covered. In the case of an emergency, please contact your doctor as soon as possible.

How to Enroll

Write **UHP HEALTHCARE** in the space provided on your Healthy Families application. We will be pleased to help you select the Medical Group that fits your location and language needs.

Why choose United HealthCare of California, Inc.?

United HealthCare of California, Inc. respects the freedom of our members to make important health care decisions. Our primary mission is to improve health care for our members.

How the Plan Works

You will receive an ID card after you enroll that shows you are a member of United HealthCare of California. Carry the ID card with you at all times and show it each time you receive medical care.

As a member of United HealthCare of California, you must choose a Personal Physician. Your Personal Physician coordinates all your health care services. You must obtain a referral from your Personal Physician to access specialty care.

Your Personal Physician will help you with all of your health care needs and should always be a part of your medical team. By maintaining and developing a relationship with your Personal Physician, you will receive care from someone you know and trust.

Sometimes you may need to see another doctor or specialist. Your Personal Physician will help you determine if you need to see a specialist and provide you with a referral to a specialist who meets your needs. Optum NurseLine is a source of information for members in urgent and emergency situations. It provides toll-free telephone access to registered nurses, 24 hours a day, 365 days a year.

In an emergency, if you cannot contact your Personal Physician or get to a network hospital because of a severe condition, call 911 or go to the nearest hospital.

How to Enroll

To enroll, write **United HealthCare** on your application.



1-800-635-6668
Call 8 a.m. to 6 p.m.
English and Spanish

Why choose Universal Care?

Universal Care was designed with your child's healthcare needs in mind. We provide comprehensive healthcare services (such as regular check-ups, immunizations, and other preventive services, wellness and health education programs), a member advocate 800 number to call for questions and personal assistance, a 24-hour, 7-days per week, nurse advice line, and an extensive choice of family physicians.

How the Plan Works

Medical and hospital care is provided by an organized group of physicians, nurses, and other health care professionals working together as a team to deliver healthcare in a fully coordinated manner.

At enrollment, you will select a Primary Care Physician (PCP) from our extensive list of qualified PCPs for your eligible dependents. You may select different PCPs from different Medical Groups or IPAs for each family member. Your PCP will assist you if a referral for specialty care is needed.

For emergency or urgent care, call the 24-hour emergency toll-free number on the Member ID card. Trained medical personnel will help to answer any medical questions you have or coordinate urgent, emergency care when necessary.

Prescription Drugs may be filled at any of the numerous contracted retail pharmacies, such as Sav-on, United, and Rite-Aid Pharmacies. Some pharmacies have 24-hour capabilities to fill prescriptions at any hour. For added convenience, Universal Care has a mail-in prescription drug program available for home delivery of maintenance medications.

How to Enroll

To enroll, write **Universal Care** in the space provided on the application. Then select a PCP within a Medical Group from the Provider Directory. If you need assistance in selecting a PCP in your area, please call the toll-free number listed above. We look forward to welcoming your child as our newest Universal Care member.



**Ventura County
Health Care Plan**

(805) 677-8787 or 1-800- 600-VCHIP
English and Spanish

Why choose Ventura County Health Care Plan?

We are a not-for-profit health plan located in Ventura County. Our caring staff will help you when you have a question or concern about your child's health care. VCHCP's physicians are located in your neighborhood. These are many of the same doctors your family has depended on for medical care in the past.

How the Plan Works

- You choose a Primary Care Provider (PCP) for each child or teen you enroll in VCHCP.
- A participant's PCP may be changed, for any reason, as often as every 30 days by calling VCHCP.
- All VCHCP specialist physicians are available to a participant upon referral by the PCP and VCHCP authorization.
- A participant may self-refer to a gynecologist or Family Planning Clinic once each year.
- You may obtain prescription drugs from a VCHCP retail pharmacy by presenting the participant's VCHCP pharmacy card.
- You may fill certain prescriptions by mail order.
- VCHCP uses a Drug Formulary.
- Emergencies are covered 24 hours a day, wherever you are.
- The PCP's name and phone number are on the participant's VCHCP ID card.
- For a routine emergency or for urgent care, go to Ventura County Medical Center or a VCHCP Urgent Care facility. For a life-threatening medical condition, go to the nearest hospital for emergency treatment. Or, call 911.
- Emergency follow-up care is provided by the participant's Primary Care Provider.
- The participant's PCP provides emergency follow-up care.

How to Enroll

Write **VCHCP** on your Healthy Families Program application. Write the name of the medical group or physician you have selected for each participant in the space indicated on the form. You may call us to request a VCHCP Provider Directory or for personal assistance in selecting a physician who fits your needs.

Dental Plan Descriptions



888-849-8440
Call 9 a.m. to 6 p.m.
English and Spanish

Why choose Access Dental Plan?

At Access Dental, we know about families and their need for quality dental care. Access has a history of taking care of children and understands their special needs.

We make it easy for you. With our extensive network of dentists and dental specialists, you are sure to find one in your neighborhood. We also have providers who speak many different languages.

Having Access means we can assist you when you need help. All we want from you is a healthy smile.

How the Plan Works

When you enroll, select a Primary Care Dentist (PCD). Each child in a family may select a different PCD. Members may change their PCD up to twice each month by calling the Access Member Services Department and requesting a change.

Most of your care will be provided by your PCD. If you need a specialist, first visit your PCD for an evaluation. If the PCD determines that the care of a specialist is needed, the PCD provides a referral. Urgent referrals are processed immediately by telephone and routine referrals are processed within 7 days of receipt.

Emergency care is available 24 hours a day. During regular PCD office hours, members may obtain care by contacting their PCD for emergency treatment. After business hours, if members are unable to contact their PCD, they may contact Access Dental's 24-hour, toll-free Member Services line. If a member needs emergency care when outside the service area, a member may seek treatment from the nearest available dentist or emergency room.

How to Enroll

Write *Access Dental* on your application in the space provided.



Delta Dental Plan of California

1-877-580-1042
8:30 a.m. to 4:30 p.m. Monday - Friday
English and Spanish

Why choose the Delta Dental Plan?

Delta Dental has provided dental healthcare to Californians since 1955. Delta is the oldest and largest dental health carrier in California, covering nearly 11 million Californians. We are a non-profit corporation committed to serving customers with the highest quality dental healthcare.

How the Plan Works

As a member of Delta Dental, you have access to over 4,500 network dentists. Many are in your area. You do not need permission to see a specialist. Call a Delta network specialist for an appointment.

With Delta, you do not have to go to the same dentist every time if you do not want to. But, it is best to find a dentist you like in your area and see that dentist regularly.

If you need a dentist who is in your neighborhood, speaks your language, or has wheelchair access, call our Customer Service toll-free telephone number. We will help you find your network dentist.

All network dentists provide access to emergency care 24 hours a day, 7 days a week. First call your network dentist if you have an emergency. But, if you cannot reach your regular dentist, or if you have not yet visited a network dentist, call the Customer Service toll-free number. We will find the dentist closest to you who has after-hours emergency care. This also applies if you are out of your area or out of state. You are covered for dental emergencies no matter where you are.

Delta also has a Customer Service department that speaks many languages. Call our toll-free number. You will be assisted in your language or helped to obtain an interpreter. Our goal is to provide each member with quality dental care.

How to Enroll

Write *Delta* on your application in the space provided.



1-800-766-7775

Call 7 a.m. - 7 p.m. Monday - Friday

8 a.m. - 1 p.m. Saturday

Interpreter Services Available

Why choose DentiCare?

DentiCare has many primary care dentists in the Healthy Families Program. You can pick from over 800 dentists to get dental care for your children. In some areas, you may also pick a Pedodontist (children's specialist) as a primary care dentist.

How the Plan Works

When you enroll with DentiCare, you must pick a Primary Care Dentist from DentiCare's list of providers. You may pick a different dentist for each child. DentiCare's list of providers will tell you what ages of children the dentist will see. It will also tell you what languages they speak in each office. Some dentists are also Pedodontists (children's specialists).

DentiCare will send you a membership card showing the primary care dentist. You may change Primary Care Dentists by calling DentiCare's Member Services Department before the 20th day of the month. You may use the new dentist on the first day of the next month. If you need a specialist, the Primary Care Dentist will get a referral from DentiCare. DentiCare must approve the referral before you see a specialist.

If your child needs emergency dental care, call the Primary Care Dentist for an appointment right away. You also may speak with DentiCare's Member Services Department or answering service 24 hours a day, 7 days a week at 1-800-766-7775. If the emergency happens at night or on the weekend, your child may get emergency dental care from any dentist.

How to Enroll

Write **DentiCare** on your application in the space provided.



PREMIER ACCESS

QUALITY DENTAL PLANS

888-584-5830

Call 9 a.m. to 6 p.m.

English and Spanish

Why choose Premier Access?

At Premier, we know about families and their need for quality dental care. We are a family place, and children are a priority. Premier understands the special needs of children. We make sure they receive the dental care they need and deserve.

Our network of dentists and dental specialists make it easy to find an accessible dentist. We also have providers who speak many different languages. And we care about the quality you receive.

Service with a smile – that's what our Member Services representatives deliver when you call. Having Premier means when you need help, we are there to assist you. All we want from you is a healthy smile!

How the Plan Works

When you need general or specialty dental care, make an appointment with any of our participating dentist. It is not necessary to obtain a referral prior to seeking care from a specialist.

Emergency care is available 24 hours a day. During regular office hours, members may obtain care by contacting their general dentist for emergency treatment. After business hours, if members are unable to contact their general dentist, they may contact Premier's 24-hour, toll-free Member Services line. If a member requires emergency care when outside the service area, a member may seek treatment from the nearest available dentist or emergency room.

How to Enroll

Write **Premier** on your application in the space provided. We also ask that you select a PCD at enrollment.

Vision Plan Descriptions



1-800-877-7195

Call 6 a.m. to 6 p.m.

Vision care is a very important health benefit. In 1955, VSP started a vision care program by providing high quality and complete eye care services. Today, VSP is the largest eye care provider with over 4,200 eye care provider locations in California. All doctors are accepting new patients.

Frequency of Service

Examination: Once each 12 months*

Lenses: Once each 12 months*

Frame: Once each 12 months*

* from last date of service

How the Plan Works

To receive plan benefits from a VSP member doctor, contact a VSP provider. If you do not have a list of VSP member doctors, call 1-800-877-7239, or write to: VSP, Customer Service, P.O. Box 997100, Sacramento, CA 95899-7100

You pay only the \$5 co-payment to the doctor for the eye exam and \$5 co-payment for glasses. That is it. The doctor will bill the VSP directly for covered services. (You may be charged extra for non-covered cosmetic extras.)

Patient Guarantees

Patient satisfaction is guaranteed when services are given from a VSP doctor. VSP has 350 highly trained Customer Service Representatives. They can help you with your vision needs. VSP has written information in English and Spanish. VSP's Customer Service Department can help you no matter what language you speak.

Accessibility Guarantees

Patients have access to participating VSP doctors within 14 days. Patients will be seen within 24 hours (based on the condition of the patient). Hearing impaired members can contact 1-800-428-4833 for the T.D.D. service. Customer Service Call Center's 1-800-877-7239 provides assistance to non-English speaking members.

Annual Vision Care Examinations

After patients have received their first exam, VSP's member doctors will send notices to their patients informing them of the eligible date for their next exam.

How to Enroll

Write **VSP** on your application in the space provided.

List of Terms Defined

Annual eligibility review

The once-a-year process of confirming continued eligibility in the Healthy Families Program

Appeal

Asking for review of a Program decision

Application Assistor

Person trained to help you fill out the Healthy Families Program application

Benefits

The health, dental, and vision services your child receives under the Healthy Families Program

Benefit year

The period of 12 months, from July 1 to June 30

Binding arbitration

An agreement between some insurance plans and subscribers to have health care disputes reviewed by a neutral person. After reviewing all facts and hearing both sides, the neutral person makes a decision. Both parties agree to accept the decision.

California Children Services (CCS)

This program provides diagnostic and treatment services to children under the age of 21 years who suffer from chronic medical conditions, such as cystic fibrosis, hemophilia, cerebral palsy, heart disease, cancer, traumatic injuries.

Community Provider Plan

The health plan in a county that has done the best job of including traditional and safety net providers in its network. Traditional and safety net providers are the doctors, clinics, and hospitals that have provided health care to uninsured families.

Consolidated Omnibus Budget Reconciliation Act (COBRA)

COBRA refers to the federal law giving people under certain circumstances the right to continue coverage in an employee health plan for a limited time. If you have COBRA, you may apply for a deferred enrollment.

Co-payment

A payment that a subscriber makes at the time of receiving certain services, such as visits to a doctor and prescription drugs

Coverage

The list of services provided by an insurance plan

Disenrollment

The end of enrollment in the Healthy Families Program

Eligible

A child who meets all the requirements to qualify for coverage in the Healthy Families Program

Employer-sponsored

A benefit offered by an employer to its employees, such as health insurance

Enrollment

After the child has been determined to be eligible, he or she is signed up for an insurance plan combination.

Exclusion

A service or condition not covered by an insurance plan under the Healthy Families Program

Exclusive Provider Organization (EPO)

A health plan whose members must seek care from a list of contracting providers. An EPO does not require you to choose a Primary Care Physician. Members also may self-refer to a specialist.

Federal Income Guidelines (FIG)

Federal Income Guideline is the amount of money the federal government says that a family needs to meet basic needs. The guideline changes every year in April. If your income is over the guideline, check to see if the guideline chart has been updated for this year.

Health Maintenance Organization (HMO)

An organized system that provides a set of health care services to plan subscribers in a geographic area

Medi-Cal 133% Program

This program is for children age 1 up to age 6 whose family income is between 100-133% of Federal Income Guidelines.

No-cost Medi-Cal

A Medi-Cal program that pays for all services without requiring any payments or co-payments by the subscriber

List of Terms Defined (continued)**Open enrollment**

A period of time (April 15 – May 31 each year) when a family can change insurance plan combinations for any reason. Changes take effect on July 1.

Out-of-network

A service provided by a doctor, dentist, or other provider who does not have a contract with your child's insurance plan

Plan combination

Health, dental, and vision insurance plans offered together by the Healthy Families Program

Pre-existing condition

Any condition that took place 6 months immediately preceding enrollment in the Program where medical advice, diagnosis, care, or treatment, including use of prescription drugs, was recommended or received from a licensed health practitioner during that period

Premium

The amount paid each month by families with a child in the Healthy Families Program

Primary care dentist

The dentist, selected by the applicant, who will be in charge of the child's dental care

Primary Care Physician

The doctor, selected by the applicant, who will be in charge of the child's health care and who will refer the child to specialists as needed

Share-of-Cost Medi-Cal

A Medi-Cal program that requires a subscriber to pay a certain amount of the medical expenses every month before it covers benefits. Share of Cost is based on monthly income.

Subscriber

A child enrolled in the Healthy Families Program

Well-Child checkups

Health, dental, and vision services provided to keep children from getting a disease or sick, such as immunizations and physical, dental, and eye exams